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# THE CHILD — MONTHLY NEWS SUMMARY

WITH SOCIAL-STATISTICS SUPPLEMENT

VOLUME 3.—JULY 1938—JUNE 1939



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# THE CHILD

## MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

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### Key to abbreviations:

- CB — Children's Bureau
- FLSA — Fair Labor Standards Act of 1938
- SSA — Social Security Act
- Per. — periodical article
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# Child

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# THE CHILD — MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

+

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

# GENERAL CHILD WELFARE

## THE ADVISORY COMMITTEE ON SOCIAL QUESTIONS OF THE LEAGUE OF NATIONS

BY ELSA CASTENDYCK, DIRECTOR,  
DELINQUENCY DIVISION, U.S. CHILDREN'S BUREAU

The Advisory Committee on Social Questions of the League of Nations held its second meeting in Geneva, Switzerland, from April 21 to May 5, 1938.<sup>1</sup> This group is made up of the former Committee on Traffic in Women and Children and the Child-Welfare Committee, merged by the reorganization effected in 1937. Its function is to advise the Council of the League of Nations on matters within the fields indicated by the titles of the two former committees.

Under the plan of reorganization the number of countries represented on the Committee was increased from 15 to a possible 25. Ireland and Yugoslavia were invited in January 1938 by the Council of the League to fill two of the four vacancies which existed at that time. Nineteen countries including Argentina, Belgium, Canada, China, Denmark, France, Hungary, India, Ireland, Japan, Mexico, Netherlands, Poland, Rumania, Spain, Switzerland, United Kingdom, United States of America, and Yugoslavia sent delegates. Chile, Italy, Turkey, and Uruguay were not represented. Elsa Castendyck represented the United States in the absence of the regular member of the Committee, Katharine F. Lenroot, who was unable to be present. Three experts, nominated by the Committee as advisers in fields of their special experience, also were present: Mme. Vajkai, Save the Children International Union; S. Cohen, Jewish Association for Protection of Girls, Women, and Children; and Dr. T. Kemp, Director of the University Institute for Human Genetics, Copenhagen.

Dr. Estrid Hein of Denmark, who was elected in 1937 to a 2-year term as chairman, presided at this meeting. M.H. de Bie of the Netherlands was elected vice chairman, replacing M. Yokoyama of Japan, who was not present at this meeting. Mr. S.W. Harris, the delegate from the United Kingdom, was elected rapporteur for the framing of a report on the Committee's activities. Major Gerald H.F. Abraham, as Acting Director of the Social-Questions Section, replaced Dr. Eric Linar Ekstrand, Director, who was unable to attend due to official obligations in South America.

The Committee displayed an active interest in the section of the director's report which summarized the work of the Information Center. This center collects copies of new laws and administrative measures on child welfare, the more important of which are published in its Legislative and Administrative Series of documents. It is also responsible for the summary of annual reports on child welfare submitted by the various governments and for the collection and classification of documentary material from voluntary organizations concerned with child welfare. It furnishes information on the request of governments, private individuals, and organizations on matters pertaining to the field of child welfare. The Committee noted with much interest that annual reports on child welfare had been received from 38 countries up to March 31, 1938.

The director's report included information on the progress made in preparation for the proposed publication of a review of social questions. This matter was considered at the 1937 session of the

<sup>1</sup>The report of the first meeting, held in 1937, is to be found in *The Child*, September 1937, pp. 51-53.

Committee and by the League Assembly. The Committee was in general agreement that a publication of this sort would have great value, as it would include information on the League's work on social questions, particulars of new laws and administrative measures of special interest, special articles written by experts, bibliographies on social questions, and miscellaneous information regarding the work of voluntary organizations. If the necessary financial support is forthcoming, the review will be undertaken with publication in the two official languages of the League--French and English.

The report of the liaison officer with the Health Organization contained interesting information regarding the work done by this organization to improve public health in rural areas. A conference on rural hygiene for American countries, similar to the European Rural Hygiene Conference of 1931, is to be held in Mexico in November 1938, and a new conference for European countries, to be known as the European Conference on Rural Life, will be held in 1939. The report indicated the comprehensive nature of the subjects to be covered in these conferences.

The liaison officer with the International Labor Office reported on interesting developments with regard to the work done by that organization in the raising of the minimum age of children for employment and in the field of leisure-time activities. The International Labor Office has continued its study of the question of protection of children in agriculture, with a view to submitting a full report at a later date, and has placed the subject of technical and vocational education and apprenticeship on the agenda for the June session of the International Labor Conference.

In response to the numerous questions put by the delegates to the liaison officer of the International Labor Office, he said that his organization issued periodical statistics which showed that there had been a real decrease in unemployment, including that of young persons, during the previous 18 months. Among the one or two exceptions to this, the most striking was the United States of America, which showed an increase during the past few months.

The items considered by the Committee included reports of studies relating to the placement of children in families; children of illegitimate birth; the rehabilitation of adult

prostitutes, and traffic in women and children; the recreational aspects of the cinema; and the protection and care of children in time of war.

Charlotte Whitton, the delegate of Canada, submitted the report of the study of methods of placing children in family homes (see page 6).

The delegate of the Netherlands--M. de Bie--as rapporteur of a subcommittee that studied the position of the illegitimate child, reported on the data assembled, in accordance with the Committee's decision at its last session. These data deal primarily with the legal position of the child of illegitimate birth. The subcommittee, consisting of the representatives of Canada, France, Netherlands, Poland, Switzerland, the United Kingdom, and the United States, augmented by experts, plans to continue the study, particularly on those points having to do with social questions.

The Advisory Committee has regarded the development of the cinema as a subject of social significance but recognizes that it is still difficult to estimate its effect on the outlook of young and old alike. The Committee discussed some of the problems involved in censorship, the selection of suitable films for children, and the constructive efforts of various countries in these areas. The Committee authorized the publication of a report of the work undertaken up to this point.

With the reorganization of the Advisory Committee, all questions relating to traffic in women and children and obscene publications have been referred to a standing subcommittee. This subcommittee, which met for the first time this year, is composed of the representatives of Argentina, China, France, Mexico, Netherlands, Poland, Spain, and the United Kingdom. Its report indicated continuing progress in international legislation relating to traffic in women and children and obscene publications.

A study of the measures involved in the rehabilitation of adult prostitutes has been in progress for several years. The Committee noted with interest that the first part of the report on the study has been published.<sup>2</sup> It deals with social services incidental to the treatment of venereal disease. The second and third parts, relating to antecedents of prostitutes and measures for their

<sup>2</sup>Documents C.6.M.5. 1938. IV.



rehabilitation, is now in preparation and, it is expected, will be published before the next meeting of the Committee.

In view of the difficult situations in the war-ridden countries, the action of the Committee regarding the Declaration of Geneva is of particular interest. This declaration, adopted by the Assembly of the League in 1924 at its fifth session and reaffirmed in 1934 at its fifteenth session, is as follows:

By the present Declaration of the Rights of the Child, commonly known as the "Declaration of Geneva," the men and women of all nations, recognizing that mankind owes to the child the best that it has to give, declare and accept it as their duty that, beyond and above all considerations of race, nationality, or creed:

I. The child must be given the means requisite for its normal development, both materially and spiritually;

II. The child that is hungry must be fed; the child that is sick must be helped; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succored;

III. The child must be the first to receive relief in times of distress;

IV. The child must be put in a position to earn a livelihood and must be protected against every form of exploitation;

V. The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow-men.

At the suggestion of Miss Whitton of Canada the Committee unanimously adopted a resolution to reaffirm this declaration.

Although the question of protection of children in time of war was not on the agenda, the question was regarded by several members as a matter of special urgency. The Spanish delegate reported on recent experiences of the effect of war on children in her country, as did the delegate of China. A proposal was made that the Committee approve the creation in every belligerent country of neutral zones in which children might be brought together, maintained, and provided with necessary medical attention by their respective governments, and where they would be free from bombardment, gas, and other perils of war. This proposal did not meet with unanimous approval. It

was pointed out that such action presented certain handicaps as it did not assure protection for children who could not be separated from their parents. Certain delegates expressed doubt as to whether this plan could be made effective. Although there was apparent agreement throughout the discussion that the protection of children in modern warfare called urgently for a solution, the Committee felt itself handicapped in arriving at any definite conclusion because of the fact that the question had not been on the agenda and consequently many members of the Committee had not had the opportunity of informing themselves on the subject or consulting with their governments.

The future work of the Committee will include new subjects involving: (a) a study of the principles adopted in the organization and administration of welfare work among young persons, (b) the training of persons engaged in social work, and (c) family desertion. In regard to the first of these three studies, the Committee decided to limit its consideration to selected countries among those represented in its membership. An attempt will be made to show the functions of Federal, State, Provincial, and local authorities and those of nonofficial bodies, their financing, and the coordination of their services. It will include considerations of public assistance, public health, protection of children within their own homes, and provisions relating to the treatment of dependent, neglected, delinquent, and mentally and physically handicapped children. The subcommittee charged with directing the study will have the assistance of representatives of the International Labor Office and of the Health Organization.

The training of persons engaged in social work was regarded as a subject of great importance, especially at the present time. The subcommittee proposes to study this subject with the help of representatives of the International Labor Office and the Health Organization of the League, and with the assistance of experts.

With regard to family desertion, the information now available on this subject will be presented to the Committee at its 1939 session by the rapporteur, M. Pella of Rumania.

The next meeting of the Advisory Committee is to take place in Geneva on June 19, 1939.

# GENEVA STANDARDS IN CHILD PLACING<sup>1</sup>

BY CHARLOTTE WHITTON, EXECUTIVE SECRETARY,  
CANADIAN WELFARE COUNCIL, OTTAWA

An unusual piece of international collaboration has just been concluded with the submission to the Advisory Committee on Social Questions of the League of Nations of a world study on child placing in families.

Special interest attaches to the undertaking, not only because of its scope--42 countries were included in the replies examined--but because of the procedure under which it was developed. Originally proposed as a natural line of inquiry following the study of institutional care of delinquent and neglected children, the project was launched by a questionnaire issued in 1935-36. Mme. J. E. Vajkai of Budapest, representative of the International Save the Children Union, acted as rapporteur in the compilation of these returns. In 1936 further development of the study was entrusted to a subcommittee which, in spite of the very broad scope of its work, was able to carry on through correspondence. Charlotte Whitton, the delegate of Canada, was named rapporteur, with Katharine Lenroot, Chief of the United States Children's Bureau and delegate of the United States, and Mme. Vajkai as the other two members. The Committee was empowered to retain technical assistance, and this was supplied, at no cost to the League, by Robert E. Mills, Director of the Toronto (Canada) Children's Aid Society, Elsa Castendyck, Director of the Delinquency Division of the United States Children's Bureau, and Anna Kalet Smith, foreign-language research assistant on the staff of the Children's Bureau.

A plan of study was adopted and Mr. Mills was entrusted with the important task of developing the first two chapters. A new procedure was adopted; namely, the elucidation of an underlying philosophy as an approach to the whole problem and then a discussion of the fundamental principles of child placing itself. Miss Castendyck was given the heavy task of developing the historical summary and critical analysis of the information for the 30 countries selected as typical nations

for detailed study. The study of this background revealed certain characteristics of such marked interest as to call for further detailed treatment, and this chapter was undertaken by the subcommittee as a whole. A special section was devoted to the examination of immigration and colonization as a method of child placing.

These four chapters formed a natural build-up for the fifth chapter--the analytical description of principles and procedures in the organization of child placing against this background of world study. This important chapter also was entrusted to Mr. Mills.

The Canadian and United States collaborators met in Toronto in November and their interim report was drafted. Miss Castendyck, Mme. Vajkai, and Miss Whitton met again in Geneva in April preceding the meeting of the Advisory Committee to prepare the report for submission to the plenary Committee.

As the result of these two conferences a short statement of general conclusions setting forth principles and standards in child placing was prepared as a concluding section of the report.

Meanwhile, through the United States Children's Bureau and the use not only of League documentation but of other works of reference, the detailed reports on the different countries, utilized as the basis of the study, were summarized and submitted to their governments for approval. All but five or six of these had been received and had been approved and returned by the date of the meeting. These summaries will form Part 2 of the final report.

The five chapters forming the main body of the report were the subject of a most interesting discussion at the meeting of the Advisory Committee, in Geneva, April 21 to May 5, and were accepted with remarkable unanimity.

The report promises to be a document of the greatest value in the field of child care and protection, since its conclusions may well serve as a summary of standards of world-wide acceptance in this whole problem of child placing.

<sup>1</sup>This material has also been printed in the *Canadian Welfare Summary* for July 1938.

These conclusions are set forth in two sections: Principles and Objectives, and Standards in Administration and Service.

### I. PRINCIPLES AND OBJECTIVES.

1. Since the child is the medium through which civilized life is carried on from one generation to the next, his well-being becomes a primary concern of organized society.

2. Society everywhere recognizes the home and family as the natural primary agency for the care, guidance, and control of the child during his years of immaturity and dependence.

3. It is, however, incumbent upon the community to provide such security and protection for the family as will enable it to discharge its responsibilities adequately, and further, to encourage and, if need be, compel it to do so.

4. Therefore, when circumstances threaten the ability of the family to provide satisfactory conditions for the upbringing of the child, the first question to be explored should be the means by which the parents can be assisted in this task of the proper rearing of their children.

The attainment of this objective should be sought in cooperation with the parents and, if possible, without encroaching on parental rights or guardianship. If and when this parental guardianship, in spite of all efforts, still proves inadequate and must be relinquished, the community must assure satisfactory care and guardianship by other means.

5. As a general rule, the community should seek to provide for any child for whom satisfactory conditions cannot be assured in his own family, a family life and background approximating as closely as possible to what his own home should have been.

6. Since, however, in certain circumstances the child's particular needs may call for care of a specialized kind, the community must have at its disposal more formal facilities of the institutional type, as well as facilities for ensuring care in the home.

7. In discharging its obligations towards the child, the community must have as its objective his training and development as a future citizen, rather than his adaptation to any specific type of care.

8. If a child has to be given care away from his own home, all his essential needs must be met as they would be by a good and capable parent. The provision of adequate food, clothing, and shelter is not sufficient. The task is rather one of developing a feeling, thinking, and acting person, equipped for the responsibilities of family life and citizenship. Physical fitness, healthy habits, adaptability to life and people, appreciation of the moral and spiritual values of life, sound judgment, initiative, and thrift are typical of the purposes upon which foster care should concentrate.

### II. STANDARDS IN ADMINISTRATION AND SERVICE

In communities where the placing of children in families has become well established, fairly well-defined standards exist in the matter of organization, equipment, and performance. Such a situation offers its own evidence as to the value of public opinion in building up a body of sound legislation and practice in the protection of child life. The education of the general public as to what constitutes good practice in the care and placement of children must therefore be regarded as part of the obligation and service of any child-placing agency. For even while organizations and communities, less favorably situated, may not be able to provide all the services for which provision is made by others which are more highly developed and prosperous, certain general standards may be regarded as applicable to all forms of child welfare. The application of such standards, varying with the resources of the community or organization concerned, depends, ultimately, as already stated, upon the education of the public for their acceptance. These standards may be stated, in general terms, as follows:

1. The competent public authorities, acting in virtue of carefully framed and properly administered laws and regulations, are responsible for ensuring that all children placed in foster homes, whether by individuals or by social agencies, shall have reasonable facilities for promoting their physical and mental health and their social and spiritual and moral development.

2. Child-placing and supervisory services, whether under public or private auspices, should be developed and administered in close relationship with other services for family assistance, public health, and child welfare.

3. The decision to place a child in a foster home should be made only after careful consideration of other forms of welfare that may be available; more particularly the possibilities of assistance in the child's own home. The choice of a particular type of care for any child should not depend on a mere consideration of the minimum cost of ensuring his physical well-being, but rather upon the broader basis of his needs as a growing individual and future citizen. Unless there are definite indications of the child's special need for type of care characteristic of institutional life, normal life in a foster family may be deemed preferable, as constituting a natural substitute for his own home or family life.

4. Agencies responsible for supervision over children placed in foster families should be equipped for the study of children and their needs, the selection of foster homes, the preparation of children before placing, the securing of facilities for their physical and mental health, their moral and spiritual development, and their growth and development as members of society.

5. Persons employed in child placing and supervision, whether full-time or part-time, paid or voluntary workers, should have an understanding of

children and their problems, a knowledge of the resources available for promoting their physical, mental, spiritual, and social development, specific training in their exacting tasks, and sufficient time at their disposal to enable them to serve the children to the very best of their ability.

Where, because of particular circumstances, the personnel of other services may be utilized in the supervision or even the placing of children in foster care, it should not be assumed that their special training in their own field, ipso facto, equips them for the discharge of these other responsibilities of a different nature. In all such cases, the advisability of special instruction, for all such workers, in the essentials of sound child-placing procedures, should be stressed, and such special training given prior to their employment for these duties.

6. The type of foster care selected should be determined by the needs of the child and the extent to which the ties with his own family and kindred can be preserved. For many children, boarding out is the only form of foster-home care that can meet their needs adequately. Such a home does not require complete severance of family ties and permits of close and constant cooperation between the foster parents and the child-placing and supervising agency.

7. The selection from among many acceptable foster homes of the one best suited to meet the individual needs of the particular child is the point at which the science and art of child placing reach their highest level. The promotion of wholesome and happy relationships between the foster parents and the child demands the utmost skill and understanding on the part of the workers in this field.

8. Certain minimum needs are common to all children: Proper and sufficient food for health and growth; adequate shelter; comfortable clothing and medical supervision and care; education and vocational training commensurate with the child's abilities; religious instruction, or such training in moral and spiritual development as may accord with the practice of his family and community. The child must feel a sense of satisfactory relationship as a member of the community or district. To these prerequisites for all children, others must be added in the case of foster children, by reason of their separation from the natural environment of their own families, and the provision of these desiderata becomes an obligation which is shared by the foster family, the organization responsible for placing and supervision, and the community.

9. The community is responsible for providing such facilities for the assistance of foster parents as will enable them to meet the problems incidental to the foster child's adjustment to life in the home, school, and neighborhood.

10. The organization accepting the child for care, placing, and supervision is responsible (1) for seeing that the foster parents know and make use of the general facilities available to

the community in the matter of child welfare and health, and (2) for supplementing these facilities as may be necessary.

11. One of the main purposes of all child-welfare activities being to produce healthy, mature, self-reliant men and women, the child-welfare agency should always bear this in mind when extending its activities:

(a) *Health.*--As a means of ensuring health and vigor, provision should be made for all children in foster homes to be placed under continuous supervision from the point of view of health and medical care, including such corrective treatment as may be necessary. Infants and young children should be under the continuous supervision of qualified physicians and nurses.

(b) *Education.*--Children in foster homes should be accorded the same scholastic and vocational opportunities as the child in an average comparable community. These should include full-time school attendance throughout the term and within the school-attendance age in the community in which he lives, with provision for special study of individual gifts and vocational guidance. The responsible agency should also aim at ensuring suitable secondary and higher education for children whose gifts appear to justify such opportunities, and for preschool children the advantage of attendance at kindergarten, nursery schools, and so forth, when these can be made accessible and are likely to benefit the child. The need for the child's moral and spiritual development must be borne in mind throughout his training and education.

(c) *Recreation.*--Recognizing the importance of recreation and community life in the development of self-reliance and a sense of security, and in providing opportunities for achievement, so essential to satisfactory life, the placing and supervisory organization and the foster parents should aim at ensuring time and facilities for indoor and outdoor play, and other recreational activities suited to the child's particular needs.

(d) *Specialized Service for Problem Cases.*--In addition to these facilities for health, education, and recreation, the agency caring for children in foster families should utilize specialized health, educational, psychological, or psychiatric resources, as need arises, for children who fail to respond sufficiently to presumably satisfactory conditions in the home, school, or neighborhood. In this way educational, social, personality, and behavior difficulties may be anticipated and averted, before reaching an aggravated stage.

(e) *Aftercare and Ultimate Reestablishment.*--As a guarantee, insofar as possible, of this ultimate establishment of the boy or girl as a self-reliant member of the community, the child-caring agency should assure, either

through its own resources or in cooperation with other agencies, adequate supervision, not only during the term of foster care, but, if necessary, continuing until the adolescent boy or girl is reasonably established on a self-supporting basis.

12. It must never be forgotten that the child's natural and normal environment is his own family. His home should be preserved when this can be done without detriment to the child or the community.

The natural bond of affection between the child and his parents may prove a vital force in the reconstruction of the home and family. Except when the complete and permanent separation of the child from his family is advisable, every effort should be made to preserve and strengthen this bond. The child-placing organization should make use of all appropriate resources of the community which might assist in the necessary adjustment of making the child's return to his parental home both possible and safe.

\* \* \* \* \*

#### NEWS NOTES

*Consolidation of day-nursery associations announced* A new organization, incorporated on May 19, 1938, under the name, National Association of Day Nurseries, Inc., has taken the place of the National Federation of Day Nurseries, Inc., whose work was national in scope, and the Association of Day Nurseries of New York City, Inc., whose interests were confined to the New York City nurseries. This action was taken following the appointment of a joint committee from the boards of the two organizations to plan for future developments and for working out a combined program if possible.

The president of the new association is Mrs. Ernest Frederick Eidlitz of New York City. Mr. C.C. Carstens is acting as chairman of the Consultants Committee, and other committees are being set up. Amy Hostler is the executive secretary, with offices at 122 East Twenty-second St., New York. (*Child Welfare League of America Bulletin*, June 1938.)

*Child Study Association announces fiftieth anniversary-program* The fiftieth-anniversary program of the Child Study Association will begin with a 2-day conference, November 14 and 15, 1938, at the Hotel Roosevelt, New York at which other interested agencies will be invited to cooperate with the association in summing up gains made toward a better understanding of childhood and family life during the last half century. On November 16 and 17 a 2-day institute will be held at Child Study headquarters in which professional persons will be invited to take part in group meetings.

Exhibits will be prepared showing the dramatic contrasts between the methods and ideas of 50 years ago and those of today in regard to health, education, recreation, and other aspects of child rearing. (*Announcement of Child Study Association of America*, 221 West Fifty-seventh St., New York.)

#### BOOK AND PERIODICAL NOTES (General Child Welfare)

SUPPLEMENT TO ANNOTATED BIBLIOGRAPHY OF THE PUBLICATIONS OF THE INSTITUTE OF CHILD WELFARE, 1934-37. Minnesota University Institute of Child Welfare, Minneapolis. June 1937. 40 pp.

This supplement lists the publications of the institute from May 1, 1934, to May 1, 1937, with a few titles of earlier publications and of papers and bulletins not yet in print. Copies of the 1925-34 bibliography as well as of the supplement may be obtained while they last by addressing the Institute of Child Welfare, University of Minnesota, Minneapolis, Minn.

SOCIAL AGENCY BOARDS AND HOW TO MAKE THEM EFFECTIVE, by Clarence King. Harper & Bros., New York. 1938. 102 pp.

This book is addressed to board members of both public and private agencies who do not devote full time to the work and who receive no salaries for it, and to executives who are interested in their usefulness and functions. It deals with such questions as how the board should be organized, how board meetings should be conducted, what should be the relation between the board and its executive and between board members

and the community, what problems are peculiar to public boards and what to private boards, how board members may prepare themselves for service. The value of the book is enhanced by a comprehensive bibliography.

The author is professor of public-welfare administration and community organization at the New York School of Social Work.

THE ADOLESCENT, by Ada Hart Arlitt, Ph.D. McGraw-Hill Book Co., New York. 1938. 242 pp. \$2.

The author of "The Child From One to Twelve" has written another book for parents, discussing the problems of young persons from 12 to 21, in the light of recent research in the field of adolescence. Dr. Arlitt is professor and head of the Department of Child Care and Training, School of Household Administration and Graduate School of Arts and Sciences, University of Cincinnati.

HANDBOOK FOR STATE CONFERENCE SECRETARIES. National Conference of Social Work (82 North High St.), Columbus, Ohio. June 1, 1938. 69 pp. Mimeographed.

During the past 3 years the staff of the National Conference of Social Work has held a series of group meetings with secretaries of State conferences to discuss their problems of organization and administration. There has resulted a mass of

practical information which has been summarized in this handbook. Although the publishers regard it as a preliminary publication, to be modified and improved as better methods are evolved, they hope that it will be found useful to those who are responsible for the administration of State conferences, especially to the secretaries appointed each year to whom their responsibilities are new.

CHILD-WELFARE INFORMATION CENTER. C. 73. M. 28. 1938. IV. League of Nations, Geneva, January 31, 1938. 52 pp.

This summary of the legislative and administrative series of documents of the Child-Welfare Information Center is the first one published by the center and comprises short summaries of the texts distributed between February 10, 1936, and December 31, 1937, with the exception of ministerial instructions for the application of the measures concerned.

The purpose is to provide a convenient table of reference, a guide to the policy followed in certain countries in child-welfare matters, and a means of comparing the methods adopted by various countries in dealing with the same problems.

The texts have been classified according to the subjects with which they deal; in the appendix they are also classified by countries.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

# SOCIAL-SECURITY PROGRAM FOR CHILDREN

## THE SOCIAL PHASES OF THE PROGRAM FOR CRIPPLED CHILDREN'S WORK IN ILLINOIS<sup>1</sup>

BY FLORENCE E. EMERY, ASSISTANT SUPERINTENDENT,  
DIVISION FOR HANDICAPPED CHILDREN, DEPARTMENT OF PUBLIC WELFARE,  
SPRINGFIELD, ILL.

The medical social worker in a State program of services for crippled children is interested in the broadest concept of child welfare. It is natural, when thinking of care for the crippled child, to stress physical restoration, but education, vocational guidance, and recreation are essential to the full rehabilitation of the handicapped. Therefore, in developing a program for crippled children one must be mindful of the different needs of children over a long period of time. Some of the important points in this program are:

1. Methods of locating crippled children: The scope of facilities to be used in finding them and the techniques to be employed to reach all children in need of care.
2. The question of eligibility.
3. Procedures of intake.
4. Resources and techniques for itinerant clinics.
5. Policies and procedures for hospital admission and discharge.
6. Plans for convalescent care and aftercare.
7. Cooperation with health and welfare groups in case-work treatment of unfavorable social conditions that affect the child's emotional and social adjustment.

### *Locating Crippled Children*

The first step is to locate the crippled children. In Illinois this is being done by a survey of the different counties, made largely by the field nurses.

Letters are sent introducing the nurse to the president of the county medical society and to the county superintendent of schools, also to key people in the community who are in a position to know of crippled children. The field nurse then visits all the schools by districts, with special attention to rural schools, gives to the teachers and pupils a brief explanation of the State program, and asks their assistance in reporting the

names of any children with crippling conditions in their own homes or counties.

It is usual also to interview the physicians in the local community, and to ask their cooperation in reporting crippled children and in referring for examination and treatment those in need of special care. The cases of children already reported in the school survey and known to the doctors are discussed with them.

Contacts are made with hospitals, clinics, welfare agencies, community nurses, judges, probation officers, church groups, parent-teacher associations, and other local groups. By some the program is readily accepted, and by others not--as in the case of any new State program. For the most part the workers have overcome the opposition, and the experience often has been that those most reluctant to accept the project in the beginning participate enthusiastically in the end.

### *Intake and Eligibility*

Although intake is, technically, the admitting of children to care, it can be accomplished only through many other services, which are basic and which must precede the actual admission to clinics and hospitals. Of greatest importance perhaps is the interpretation to the family group of possibilities of medical care in the State program and of the results likely to occur if treatment is postponed or neglected, and the discussion of plans for removing any obstacle to attendance at clinic or to acceptance of care, such as superstitions, fear of doctors and hospitals, transportation difficulties, and economic needs. As a Federal representative has said, "It is easy enough to visit in the home of the child but to assure that child's attendance at clinic and to assure the cooperation of the parents in following the doctor's recommendations, is another matter. Frequently the initial contact in the home or clinic is the point at which the future cooperation of the parents is won or lost."

<sup>1</sup>Condensed from a paper read at the Illinois Conference on Social Welfare (Section on Children), Rockford, Ill., October 28, 1937.

Much depends, too, upon the visitor's sympathetic understanding of the whole situation governing the child's care.

Many unsuccessful attempts had been made by community nurse, school teacher, and an interested individual to bring Rachel Jones, a 7-year-old girl, badly disfigured by harelip and cleft palate, to a clinic, and they had concluded that the parents were willfully neglectful of Rachel.

Investigation revealed that the parents, overburdened with the care of their small farm and their eight children, had planned several times to take Rachel to the clinic but had been prevented from going by various things, such as lack of decent clothing; however, they had made up their minds they must get Rachel to the doctor, no matter how they looked. When the nurse showed her sympathetic understanding of the situation and offered to take them to the next clinic in her car and to see that they were brought home again, the mother's worried face lighted with relief. Rachel was examined in the clinic and is scheduled for hospital care.

The State of Illinois at present has no law delegating responsibility for locating crippled children and providing medical care for them. The law covering the care of these children at the Surgical Institute for Children, Research and Educational Hospitals, University of Illinois, limits the State in the use of its funds to children under 16 years of age. However, the attorney general of the State has ruled that there is nothing in the statutes of Illinois to prevent use by the Division for Handicapped Children of the Federal matching funds for children up to 21 years of age. Length of residence in the State does not affect acceptance for care under the State's plan for crippled children.

Ethel Bond, a 16-year-old girl, badly crippled with multiple arthritis, moved to Illinois from Colorado 2 months before the establishment of the Division for Handicapped Children. Her case was reported to the division by the corresponding department in Colorado, where medical treatment was about to be started when she moved away.

Ethel was located through the help of a local worker of the Illinois Emergency Relief Commission, who found Ethel confined to her chair, unable to walk, with knees and elbows stiff and wrists and finger joints swollen. The family, consisting of father, mother, and six children, was living on a farm, the road to which was nearly impassable. The oldest boy was earning \$40 a month as a farm hand. They had no other income but hoped to have a fairly good crop which would keep them through the winter.

The family physician, who had visited Ethel twice, stated that she needed to be in a good hospital where she could have corrective appliances and that he would appreciate assistance from the State Division for Handicapped Children in expediting her admission to a hospital. He had received no fee for his own services.

The worker reported that Ethel's eyes were in bad condition and that she could not read much; that she had no social contacts, as the family was new in the community; and that her only source of entertainment and education was a radio--which had broken down. Nevertheless, Ethel was cheerful and courageous, had faith that she would walk again, and was eager to finish high school and equip herself to make a living.

After receiving this report the field nurse of the division went to see Ethel and was so concerned that she arranged with the main office for an immediate examination. As the clinic in that section of the State had just been held, it was necessary for the field nurse to take Ethel in a car to an orthopedic surgeon in a city 40 miles from her home. Final arrangements will soon be completed for Ethel's admission to the hospital.

In all urgent cases, instead of waiting for the next clinic, arrangements are made for a special examination by one of several surgeons selected by the division to assist in the medical program.

The division functions for indigent crippled children. "Indigent" is interpreted to include children in families of the low-income group and in families whose economic status does not permit them to meet the cost of the highly expensive type of care which is usually required for the treatment of orthopedic conditions.

#### *Setting up the Itinerant Clinic*

When a group of children is found who need a clinic, an effort is made to interest the local groups most likely to help in getting a clinic started. Clinics are held in hospitals, schools, churches, libraries, clubs, or in any other available space which will lend itself to a clinic set-up. Great ingenuity is required in some instances to arrange the space for registration, for interviewing the parents, and for examining boys and girls. Child-hygiene nurses, tuberculosis nurses, and local nurses are of great assistance in setting up clinics, procuring equipment, and transporting the children.

The registration interview with the parent, by which the patient is admitted to the clinic, offers an opportunity for the social worker to become



aware of any significant medical or social factors to present to the physician before he proceeds with the examination. Before the parent leaves the clinic, the initial interview is followed by a second one to make sure that the parent has understood the doctor's interpretation of the child's handicap and the recommendations for care. The worker should have brought to her attention any social problems or obstacles to treatment, ascertained by the physician during his examination, before she discusses with the parent the doctor's recommendations.

It is important that the patient and parent leave the clinic with an understanding of the child's condition, the extent of his handicap, the plan of treatment, and the next steps in that plan. It is important that they feel that the effort to take the child to clinic has been worth while, even though the doctor cannot always give an encouraging prognosis. Many patients come to the clinic at great inconvenience because of distance, lack of means of transportation, interruption of work, or other difficulties. The worker has to bear in mind that, because of lack of facilities and funds for immediate treatment at home or in the hospital, there may be a waiting period during which the interest, courage, and patience of the child and his family have to be kept up. In rural communities this interval cannot be bridged by repeated conferences with the clinic adviser, but the local physicians, nurses, and social workers can be of invaluable assistance if the social worker from the State gives them adequate interpretation of the child's condition and the plan of treatment.

#### *Bridging the Gap Between Hospital and Home*

When hospital care has been recommended, the distance of the hospital from the child's home often influences the family's acceptance or refusal of hospital care. The need for long-time hospital care (which orthopedic conditions frequently require) is one of the factors (like the fear of surgery) which often influence adversely the parents' attitude toward hospital care. It is hard for parents to make up their minds to a long separation. Some orthopedic conditions necessitate several operations, with intervals during which the child has to remain in the hospital. Tuberculosis of the bones and joints, for which long-time

rest in bed is necessary, sometimes requires from 1 to 2 years in the hospital.

During this time, every effort should be made to keep the family informed of the child's progress and to encourage the family to write to the child to keep him contented and make him continually conscious of his place in the family. Along with physical changes that are taking place in the child, intellectual and emotional changes are occurring. His family should be kept aware not only of his medical progress but also of his development, so that they will be prepared for these changes and will help in the adjustment that must take place when the child is transferred from institutional routine to family life, perhaps on a farm or in a crowded city home. Experience has shown that a social worker in the hospital can bridge the gap between child and family both while the child is in the hospital and when he returns for further recommendations.

#### *Convalescent Care*

The State program provides for convalescent care in institutions and in foster homes, as it is recognized that these offer a more natural atmosphere than the hospital wards, where certain restrictions are necessarily imposed. In the development of the convalescent-care program, it is also recognized that standards must be set up in regard to the selection of convalescent institutions and that foster homes must be carefully chosen and adequately supervised. Plans for foster-home care have not yet been put into operation.

#### *Cooperation With Health and Welfare Groups*

In order to plan effectively for the welfare of the crippled child, the medical social worker must have a knowledge of the State laws pertaining to children, of community resources for recreation and employment, and of services of local, State, and Federal agencies. This should mean an intimate knowledge of their policies and practices so that she can coordinate their services and maintain a smooth working relationship.

State laws provide aid in educating crippled children of school age. The State Board of Vocational Rehabilitation aids in securing appliances and in vocational placement of crippled children over 16 years of age. In many instances neither the families nor the local school authorities have

known that financial assistance could be obtained from the State, nor how to apply for it.

The effectiveness of the social-service program depends on the worker's sympathetic understanding of the handicapped child and his family; on her skill in gaining the confidence of patients and in interpreting to them their medical needs and the plan of treatment; on her knowledge of the medical and social factors involved in the treatment of their disabilities; on her ingenuity in utilizing local resources; on her skill in coordinating professional services; and on her personal contacts with staff workers.

The State Division for Handicapped Children may lay the foundation for a child's rehabilitation, point out some of the difficulties in the way, and help the child to a certain extent in other ways, but it must depend on local workers in the child's own community to assist not only in the home adjustment but in offering stimulating opportunities within range of the child's physical and intellectual achievement--opportunities for recreation and for employment. With this assistance boys and girls handicapped by crippling conditions will be able to make the most of the opportunity which the State and Federal Governments have given them.

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### CRIPPLED CHILDREN'S WEEK IN ARIZONA

The Arizona State Department of Social Security and Welfare conducted an intensive educational campaign on the program for crippled children, April 3-9, with the cooperation of the Rehabilitation Division of the State Department of Vocational Education and of all organizations that include services for crippled children in their welfare programs.

Informational material was prepared in mimeographed form for use during this campaign (Crippled

Children's Week, Arizona State Department of Social Security and Welfare, Phoenix, 1938; no page numbers). Special emphasis is laid on the use of hydrotherapy in the treatment of crippled children. The process of reporting children to the Crippled Children's Division, of diagnosis, and of accepting children for treatment is described, as well as the system of vocational training for crippled children 16 years of age and over. A number of case stories are given.



# MATERNAL, INFANT, AND CHILD HEALTH

## NEWS NOTES

*New Jersey act to prevent congenital syphilis passed*

An act to prevent congenital syphilis was approved by the Governor of New Jersey on March 30, 1938 (ch. 41, Laws of 1938). Like the New York law previously described (*The Child*, May 1938, p. 223), the New Jersey law provides for testing the blood of pregnant women for syphilis, and goes into effect on January 1, 1939.

*Massachusetts Department of Health reports new activities*

The Massachusetts Department of Health devoted its quarterly bulletin *Commonwealth health* for Jan.-Feb.-Mar. 1938 (vol. 25, no. 1, 91 pp.) to a discussion of its newer projects and activities. These include new activities in the fields of adult hygiene, communicable diseases, food and drugs, dental hygiene, health education, and tuberculosis.

In his foreword the Commissioner of Public Health calls attention to the new emphasis on practical health education for both children and adults, and to the modern methods of testing

hearing and sight, which are making possible the early detection of defects which may be corrected.

*Maps showing infant and maternal mortality rates for 1936 available*

Two maps, "Infant Mortality in the United States, 1936," and "Maternal Mortality in the United States, 1936" have been prepared by the Children's Bureau from reports of the Bureau of the Census and are available for distribution (Washington, 1938, size, 8 by 10½ inches). These maps give the mortality rates in each State for 1936 and, by means of shading, show at a glance the comparative standing of the States.

*British obstetricians define prematurity*

The British College of Obstetricians and Gynecologists has recommended the adoption by maternity institutions and public-health authorities of the definition of prematurity as a birthweight of 5½ pounds (approximately 2,500 grams) or less. Infants of this weight are to be considered either immature or prematurely born, according to the estimated period of gestation. (*Mother and Child* (London), vol. 9, no. 3 (June 1938), p. 87.)

## BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

HOSPITAL INFECTIONS: I, A SURVEY OF THE PROBLEM, by Charles F. McKhann, M.D., Adelbert Steeger, M.D., and Arthur P. Long, M.D. *American Journal of Diseases of Children*, vol. 55, no. 3 (March 1938), pp. 579-599.

A survey of infections arising among the 1,455 patients in an infants' hospital during 1935 and 1936 led to the conclusion that the hospital infections were accomplished through transmission of organisms by hospital personnel or transmission by air. Infants who were malnourished, prematurely born, or defective showed a greater susceptibility to infection than did other children. Length of stay in the hospital appeared to be a factor, more than one-fourth of the children who were in the wards more than 2 weeks acquiring infections.

The use of ultra-violet radiation, separation of patients in cubicles or rooms, and the wearing

of face masks are discussed as means of reducing cross infections.

CONGENITAL SYPHILIS: Part I, INCIDENCE, TRANSMISSION, AND DIAGNOSIS, by Dorothy V. Whipple, M.D., and Ethel C. Dunham, M.D. *Journal of Pediatrics*, vol. 12, no. 3 (March 1938), pp. 386-398.

Summaries of the more important contributions to the knowledge of congenital syphilis that have appeared in the literature since the publication of the last discussion of the subject in the *Journal of Pediatrics* (vol. 6, p. 262, 1935), are included in this critical review.

Part 2 (to be published) will contain a review of the literature dealing with prevention and treatment of congenital syphilis.

CARE DURING THE RECOVERY PERIOD IN PARALYTIC POLIOMYELITIS, by Henry O. Kendall and Florence P. Kendall. U.S. Public Health Service, Public Health Bulletin No. 242. Washington, April 1938. 92 pp.

The treatment required during the long recovery period that follows an acute attack of infantile paralysis is set forth in this text. Line drawings and photographs are used to show for different groups of muscles the neutral rest position and certain types of exercises, including underwater exercise.

Suggestions are given regarding muscle testing, schedules for the examination of muscles, and suggestions for the protection of muscle groups following recumbency. Types of protective supports used to favor weak muscles are described.

The authors, who are attached to Children's Hospital School, Baltimore, describe the principles and methods which have been evolved in practice during 15 years or more at the Children's Hospital School and which have been accurately tested, checked, and rechecked on actual cases in various stages of convalescence from poliomyelitis. (Ed. note: A 5-reel motion picture showing the work of the Children's Hospital School also has been prepared, and the United States Children's Bureau has copies available for loan to State agencies and professional groups interested in services for crippled children.)

THE VALUE OF THE PREVENTORIUM, by John R. Hawes, 2nd, M.D. *Bulletin of National Tuberculosis Association*, vol. 24, no. 6 (June 1938), pp. 83-85.

The author states that in communities where there are ample bed facilities for clinically sick children, a preventorium for children with positive tuberculin reaction who are contact cases is justified. A check of some 700 children who attended the Prendergast Preventorium in Boston during the decade 1922-32 showed that only one child had died of tuberculosis and that only three of these contact cases had developed clinical tuberculous disease. Of 700 comparable children,

who were also contact cases with a positive tuberculin reaction but who had remained at home under the care of nurses and physicians during the same period, 10 had died of tuberculosis and 40 had developed clinical tuberculous disease.

In addition to providing skilled care not obtainable in foster homes, however excellent, the preventorium serves, Dr. Hawes believes, as an educational institution of importance, not only for the children themselves but for the parents and other members of the family.

THE FIGHT FOR LIFE, by Paul de Kruif. Harcourt, Brace & Co., New York. 342 pp. 1938. \$3.

The dramatic and personal aspects of the fight to save the lives of mothers and infants and of sufferers from infantile paralysis, tuberculosis, and syphilis, as described by Paul de Kruif, cover a substantial portion of the history of medical experimentation and progress in these fields during the past century.

The method of presentation emphasizes those aspects of medical and surgical research and practice that concern not only members of the medical profession but every human individual.

NATIONAL FITNESS; a brief essay on contemporary Britain, edited by F. Le Gros Clark. Macmillan, London. 1938. 222 pp. Price, 6s. net.

A group of five writers discuss the meaning and importance of good nutrition from the point of view of national fitness. Of the 17 chapters, 5 are contributed by Mary L. Gilchrist, M.D., D.P.H., Assistant School Medical Officer, Leyton, and 5 by F. Le Gros Clark. The purpose is to give the reader "a few first principles and frames of reference by means of which he may examine what kind of human stock we are breeding and rearing today" in England.

A chapter on the health of children, by E.H. Wilkins, D.P.H., Assistant School Medical Officer, Birmingham, discusses four general indexes to the state of nutrition of a child: weight, color and quality of the skin, posture and postural defects, and the presence or absence of ailment or disease.



# CHILD LABOR

## THE FAIR LABOR-STANDARDS ACT OF 1938

The passage of the Fair Labor-Standards bill by both Houses of Congress on June 14 marks not only the attainment of a long-sought goal--a Federal law setting a floor for wages and a ceiling for hours in interstate industries--but for the fourth time in our history it establishes a national minimum standard for child labor.

Based upon the power of Congress to regulate interstate commerce, the act prohibits the shipment in such commerce of goods manufactured contrary to certain minimum labor standards.

Administration of the act is divided between the Children's Bureau, which will enforce the standards relating to the employment of children, and a wage-and-hour division to be established in the Department of Labor under an administrator appointed by the President, by and with the advice and consent of the Senate, to administer the wage-and-hour provisions of the act. The act provides that the staff shall be subject to civil-service regulations.

A minimum wage of 25 cents an hour for the first year and 30 cents for the second year after the act goes into effect is set for all workers, with provision for the further establishment of minimum wages as high as 40 cents an hour through industrial committees on which employers, employees, and the public are represented. Maximum weekly hours are fixed at 44 the first year, 42 the second year, and 40 the third year.

As to child labor, the act establishes a general minimum age of 16 years for employment, and a minimum age of 18 years for boys and girls in occupations found and declared by the Chief of the Children's Bureau to be hazardous or detrimental to their health or well-being. The shipment of goods in interstate or foreign commerce from establishments in which children have been employed contrary to these standards within 30 days prior to the removal of the goods is prohibited. Employers may protect themselves from unwitting violations of the law by obtaining and keeping on file for their minor employees certificates of age which have been issued under regulations established by the Children's Bureau.

The law does not go into effect until 120 days from the date of enactment,<sup>1</sup> thus giving time for the development of plans for its administration and for such adjustment by industry as may be necessary. Definite provision is made for cooperation between the Federal administrative agencies and State and local officials dealing with State labor-law administration. A similar cooperative relationship existed in 1917-18 under the first Federal Child-Labor Law. With the increasing development of services in the States in connection with the administration of child-labor laws, it should be possible now to work out an even greater degree of cooperation with State agencies than at that time.

This marks the second time that the Children's Bureau has been given administration of a Federal measure regulating child labor. The first time was under the Keating-Owen Bill passed by Congress in September 1916 to go into effect a year later. That law prohibited the shipment in interstate or foreign commerce of goods produced in mines, quarries, factories, canneries, or workshops in which children were employed in violation of specified age and hour standards. It was administered by the Children's Bureau from September 1, 1917, to June 3, 1918, when it was declared unconstitutional by the Supreme Court in a 5 to 4 decision.

A second Federal child-labor law, based upon the taxing power of Congress and administered by the Treasury Department, was in operation from April 25, 1919, to May 15, 1922, when it also was declared unconstitutional by the Supreme Court. It was not until 1933 that Federal legislation fixing a national minimum standard for employment of children again came into existence through the industrial codes established under the National Industrial Recovery Act. These codes practically eliminated the employment of children under 16 in industry and trade while they were in effect; that is, until the Supreme Court declared the act unconstitutional in 1935.

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<sup>1</sup>The measure was signed by the President on June 25 and will therefore go into effect on October 24, 1938. (Public No. 718, 75th Congress.)

The Fair Labor-Standards Act of 1938 should result in preventing the labor of children under 16 in practically all manufacturing industries and should give a much-needed measure of protection to boys and girls of 16 and 17 from the industrial occupations especially hazardous or injurious to their health. The child-labor provisions of this act, however, do not apply to children employed in establishments engaged in strictly intrastate business, such as stores, garages, laundries, restaurants, and beauty parlors. Children engaged in intrastate employment must continue to rely on State legislation for their protection from

employment under substandard conditions. The basic 16-year minimum-age standard set in this Federal act has already been met by 10 States, including several highly important industrial States, and it is confidently believed that one of the most important results of the Fair Labor-Standards Act will be the stimulation of the States to improve further their own State child-labor laws. The passage of this act marks a milestone on the road of progress toward the adequate protection of the children of the Nation from premature or other harmful employment.

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#### READING NOTES

*Maryland study by American Youth Commission* "Youth Tell Their Story," by Howard M. Bell (American Council on Education, Washington, 1938, 273 pp.; price, \$1.50) is described in the foreword as one of the major accomplishments of the American Youth Commission to date. This study covers some 13,000 young persons 16 to 24 years of age, inclusive, in Maryland and considers in turn youth and the home, youth and the school, youth at work, youth at play, and youth and the church. The first chapter is devoted to national implications of the Maryland data and the last chapter, to a discussion of the attitudes of the young persons interviewed.

Five in every 10 young persons 16 to 20 years of age who were on the labor market (excluding homemakers, students, and the voluntary idle) were employed on full-time jobs; 1 had some kind of part-time work; and the remaining 4 were unemployed. Of the 16-year-olds who had obtained full-time jobs, about one-fifth had begun work at the age of 15 years or younger.

The summary to the chapter "Youth at Work" suggests three approaches to the employment problems of youth, to be followed concurrently: A program looking toward the general improvement of the social and economic level of all young persons; expansion of existing agencies "to the end that the wasted years between school and employment will become periods of profitable activity"; and the creation of new agencies such as "vocational clinics," especially adapted to serve the

needs of young persons for whom formal school education is no longer desirable

*works Progress Administration research reports* "Effects of the Works Program on Rural Relief" is the subject of Research Monograph XIII recently published by the Works Progress Administration (Washington, 1936, 115 pp.). This report is based on a survey of rural relief cases closed in seven States, July through November 1935, and discloses wide variation among the seven States in the sources of income and types of economic and relief status of the former Emergency Relief Administration cases in December 1935.

The series of research monographs of the Works Progress Administration to date comprises the following titles:

- I. Six Rural Problem Areas, Relief--Resources--Rehabilitation.
- II. Comparative Study of Rural Relief and Non-Relief Households.
- III. The Transient Unemployed.
- IV. Urban Workers on Relief.
- V. Landlord and Tenant on the Cotton Plantation.
- VI. Chronology of the Federal Emergency Relief Administration, May 12, 1933, to December 31, 1935.
- VII. The Migratory-Casual Worker.
- VIII. Farmers on Relief and Rehabilitation.
- IX. Part-Time Farming in the Southeast.
- X. Trends in Relief Expenditures, 1910-1935.
- XI. Rural Youth on Relief.
- XII. Intercity Differences in Costs of Living in March 1935, 59 Cities.

# SOCIALLY HANDICAPPED CHILDREN

## LEGISLATION AND REGULATIONS RELATING TO SEPARATION OF BABIES FROM THEIR MOTHERS

BY THE STAFF OF THE SOCIAL-SERVICE DIVISION,  
UNITED STATES CHILDREN'S BUREAU

During the first two decades of the century many persons were concerned about the high death rate among infants receiving care away from their mothers and the large number of children born out of wedlock that were being separated from their mothers at an early age. The first State to attempt legal control over this situation was Maryland, which in 1916 enacted a law prohibiting the separation of a child under 6 months of age from his mother. Somewhat similar legislation was enacted in North Carolina in 1919, but regulation of the placement of children under 6 months of age rather than separation from the mother was emphasized. South Carolina enacted a law in 1923 that merely provided for notifying the State children's bureau of placements of children under 6 months of age.

The State welfare departments of Minnesota and Wisconsin at about this same time had been given special responsibility for services to unmarried mothers and their children. As part of their protective service for children these departments adopted regulations requiring that children must remain with their mothers for a 3-month nursing period. Minnesota initiated this policy in 1919 and Wisconsin in 1922. This plan had been in operation in Milwaukee since 1919 through the cooperation of health and social agencies.

Although South Carolina was the only one of the five States that specifically limited its regulation to the child born out of wedlock, the practical result of these provisions was a measure of control over early placements of this group of children. One of the most significant results of these regulating measures has been the acceptance by qualified agencies of the policy that no child would be accepted for care away from his mother during the period set forth in such laws or regulations. Recognizing that circumstances might arise which would necessitate separation of an infant from his mother, all these States except South Carolina established procedures whereby the State department, a court, or one or more

physicians might approve care for the child away from his mother. The major emphasis in approving such separation, or in Minnesota and Wisconsin waiving the breast-feeding requirement, has been the health of the mother or infant.

Another situation reported as resulting from the legislation in Maryland was the elimination of baby homes conducted on a commercial basis which had been operating within the State, especially in Baltimore. This situation was not a factor in Minnesota and Wisconsin, as these States had provided other means of control of such homes.

During the last 20 years there has been steady progress in control of infant mortality, resulting in part from more general understanding of proper feeding of young children. During these years also there has been marked increase in knowledge of the forces governing human conduct and in understanding of the need for an individualized approach to each person's social and psychological problems. As a result of these changes many groups concerned with the development of sound social procedures in assisting unmarried mothers have realized the need for reevaluating the laws and regulations affecting the separation of infants and their mothers.

The unmarried mother who wishes to keep her child and who has the understanding support of her family and of the community, does not present any particular problem in regard to regulations pertaining to separation. In all probability she will return to her own home, where she will assume direct care of her child. There are other situations, however, where for social or economic reasons or reasons of health, serious problems arise.

### *Health Aspects*

The laws and regulations to keep the mother and child together represent for the most part efforts to safeguard the health of the child. While pediatricians agree on the advantages of breast feeding, it is generally accepted that

much progress has been made in artificial feeding. If the feeding of the child is prescribed by a physician experienced in the care of children and if health supervision is given by him with the assistance of a public-health nurse, the health hazards to a child separated from his mother become a minor factor.

That the physical condition of the mother or the child might make their remaining together undesirable has been recognized by provision for exemptions from the regulation as to separation or as to breast feeding on the grounds of health needs. The agreement of agencies not to accept children younger than the prescribed age for care (3 or 6 months), if rigidly adhered to, does present some problems as it may interfere seriously with the proper safeguards of the health of a child whose mother is unable or unwilling to give him proper care.

#### *Social Aspects*

The major purpose of these laws and regulations was to keep the child with the mother in order to establish ties of affection that would result in the mother's keeping the child permanently. Keeping the mother and baby together, furthermore, provided an opportunity for the mother to adjust herself to the situation and to arrive at a decision as to placement when she was in a more normal physical and emotional condition, thus preventing a hurried and often undesirable placement. Emphasis was placed on every mother's right to her own child and on the child's right to his own blood relatives.

There is little doubt that the formulation of these principles has been a significant step toward more adequate programs for care of the child born out of wedlock and that as a result many children have remained with their own relatives. However, the experience of agencies working with unmarried mothers raises the question whether these results cannot be obtained by methods other than a blanket regulation that allows no opportunity for decisions as to treatment on a case-work basis.

There is question whether personal care by the mother is an essential element of her decision as to retaining responsibility for the child. Placement of the baby in a good boarding home for 6 months or a year may be the best way in which to give the mother time to test her own reactions and

decide what in the long run is wisest for her and for her child. That keeping the baby and mother together does not necessarily result in permanent care by the mother is shown by the experience of maternity homes that require a definite period of residence. Children are often released for placement before the mother leaves the home, or, if the mother is required to take the baby with her, placement may be made immediately afterward. Too frequently such placements are made without consultation of a social agency.

#### *The Mother Who Wishes to Relinquish Her Baby*

Among the situations that present special problems in the administration of laws and regulations relating to separation of children from their mothers is that of the mother who wishes to give up her child. This wish may be due to emotional conflict about him, rejection of what his presence means to her, or a personal situation of such a nature that she cannot see her own future in relation to the child. Both social and economic pressures may be involved.

It is, of course, essential that the mother should have time and opportunity to learn how she really feels about her child and to arrive at a decision that is wise for both of them. But the requirement that she remain with the baby for a period of several months subjects her to great emotional strain if she persists in her decision to surrender the child after her affection for him has been stimulated and the child has become a real part of her life.

Some psychiatrists and social workers believe that for the mother to remain with the child, even though this causes pain, is to face reality and that the mother has comfort in knowing that she has tried to give her child a good start in life and has in a measure made atonement. There are others, equally thoughtful, who think that to add to the mother's feeling of guilt by requiring her to remain with the child only increases her conflict and makes her less adequate as an individual. The mother's future relationship to the child is another important consideration. In some instances her feeling of guilt may be so great that she is not able to surrender the child, even though fundamentally she rejects him and never gives him a



mother's care. Under these conditions the child may live in institutions or foster homes until it is too late for placement in an adoptive home. More skillful diagnosis in the beginning might have indicated that the mother needed help to make it possible for her to relinquish the child.

If a mother refuses to accept her child and is indifferent to his welfare, effort to keep them together and refusal to care for the child may result in harm to the baby, who may be subjected by the mother to neglect or to placement with any one who wants him. From the point of view of the community it is costly to support such a mother in a maternity home or a foster home in order to keep her baby with her.

Studies are needed of the factors that enter into decisions of mothers to relinquish their children. Such studies should take into consideration both the motives and the conditions lying back of the decision.

#### *Other Problems Needing Individualized Treatment*

Even when a mother wishes to keep her child, situations may occur when temporary separation is necessary or desirable. She may need to return to her employment immediately if her position is not to be in jeopardy, for employment may be the best thing for her own emotional balance. Family relationships may be disrupted by her returning home with the child, yet her presence in the home may be necessary. Flexibility in dealing with such problems on a case-work basis is essential for the future welfare of the mother and child.

Another special problem is that of the mother who is herself a child. whether or not she should be required to remain with her baby can be decided only after full understanding of her problems. The plans made for her must be suited to her years and emotional development.

#### *Need for Social Service*

There is probably general agreement that service to the unmarried mother demands the best in case-work practice, because of the complexity of the emotional and social problems involved. There should be an individualized, flexible approach to her particular problems, based on understanding and respect for her as an individual and granting to her the right to make decisions so far as they do not endanger the welfare of the child. Such an understanding approach will make it possible for every mother, regardless of her problems, to seek the services of a social agency and will prevent her from turning to persons not qualified to deal with the problem.

If agencies equipped to provide such services are available in the community, the unmarried mother will have opportunity for wise guidance at the time when she needs it most; that is, near the time of the birth of the child. She can also be provided with adequate assistance in placing the child if this is needed. Above all, any plan worked out with her should be based on an understanding of all the factors involved—physical, emotional, and social.

\* \* \* \* \*

#### NEWS AND READING NOTES

*New Jersey Juvenile-Delinquency Commission issues progress report* The Progress Report submitted to the New Jersey Legislature in April 1938 by the State Juvenile-Delinquency Commission (Trenton, 1933, 89 pp. plus appendixes) shows that there was a drop of 42 percent in the number of delinquent children<sup>1</sup> appearing before 17 of the 21 juvenile courts in New Jersey from 1930 to 1936. The decrease was not uniform throughout the State, and it is specifically stated that the decrease in

cases before the courts does not necessarily mean that the total number of delinquents was smaller. In some of the counties showing the largest reductions substitute services had been developed extensively for the treatment of delinquency and the prevention of delinquency. The commission concludes that "the practices, status, and usefulness of the juvenile court should be examined," not only because of certain recent court decisions, but also because of the growing demand for better remedial and preventive treatment of juvenile delinquents.

<sup>1</sup>In New Jersey the juvenile courts have jurisdiction of children under 16 years of age.

The commission also found a 43 percent decrease in the number of arrests of young persons 16 to 20 years of age in 52 New Jersey municipalities from 1930 to 1936; and a 50 percent decrease in the number of young persons arrested for serious offenses. Nevertheless, the commission finds that persons in this age group still contribute more than their share to the total number of arrests for serious offenses.

*Probation and delinquency reports received* The Twenty-Fourth Annual Report of the Municipal Court of Philadelphia for the Year 1937 (Philadelphia, 1938, 402 pp.) devotes its first 97 pages to a detailed report of the Juvenile Division.

Annual Report of the Probation Department of the County of Essex, State of New Jersey, for the Year Ending December 31, 1937 (Trenton, 1938, 49 pp. plus charts) notes that the same number of juveniles (362) were received from the juvenile court during 1937 as in the previous year.

Surveys of juvenile delinquency recently received include the following:

Community Treatment of Delinquency in Sangamon County, Ill., by Frank W. Hagerty. National Probation Association, New York, 1938. 153 pp.

A Survey of Juvenile Delinquency in Sedgwick County, Kans., by the Board of County Commissioners and Juvenile Court of Sedgwick County, Kans., Wichita, June 1938. 57 pp. This is a report on

a project conducted under the auspices of the Works Progress Administration.

Contributing Factors to Delinquency in Orangeburg County, by Mary B. Calvert. South Carolina Department of Public Welfare, Child-Welfare Division. 1937. 155 pp.

Delinquency Areas in Essex County Municipalities, a study prepared by the Division of Statistics and Research, New Jersey Department of Institutions and Agencies, in cooperation with Essex County Courts and Probation Department (Trenton, May 1937, 37 pp. plus maps).

*Bibliography on transiency* A current bibliography on the subject of transiency was issued by the Committee on Care of Transient and Homeless (1270 Sixth Ave., New York) on June 6, 1938 (Current Bibliography on Transiency--No. 3, 5 pp., mimeographed). This lists items that have appeared since the preparation of bibliography no. 2, more than a year ago.

*Directory of English probation officers and probation homes* "Directory of Probation Officers, Probation Homes and Hostels, Home Office Schools, and Borstal Institutions, 1938" (Home Office, London, 1938, 163 pp.; price, 3s. net) contains an introduction explaining the probation system in operation in England and the nature of Home Office schools ("approved schools" in the terminology of the Children and Young Persons Act of 1933) and Borstal institutions.

#### BOOK AND PERIODICAL NOTES

SPECIAL SERVICES UNDER JEWISH AUSPICES IN CHILD GUIDANCE, PROTECTIVE, AND ALLIED FIELDS. Council of Jewish Federations and Welfare Funds (165 West Forty-sixth St.), New York. May 1938. 14 pp. Mimeographed.

Material collected in preparing the 1936 Yearbook of Jewish Social Work was supplemented for this report by an inquiry conducted late in 1937, bringing the data more nearly up to date. The pamphlet gives information on the number and distribution of agencies offering specialized service, their intake policies, services provided, professional and volunteer personnel. There are several footnote references to literature on the use of volunteer services.

GROUP WORK AS AN AID TO THE TREATMENT OF JUVENILE DELINQUENCY, by Robert N. Heininger. *Probation*, vol. 16, no. 5 (June 1938), pp. 65-67, 76-79.

The differences between group work and mass recreational programs from the point of view of a planned treatment program for delinquent boys and girls are pointed out in this article, and certain guiding principles implied in the group-work process are described. These principles include emphasis upon the individualization of the group members, the use of self-direction in the guidance and stimulation of the group, promotion of habitual responses to a variety of life situations, and guidance in accepting certain objectives for the group in terms of social goals.

MAY DAY -- CHILD HEALTH DAY  
EXHIBITS -- 1938



A 6-months-old visitor to the infant-care exhibit, San Bernardino and Imperial Counties, Calif.



Parade of the vegetables down Health Avenue to Keep-Well Inn, prepared by pupils in the Cora B. Whitney School, Bennington, Vt.



(above) Miniature playground equipment for the preschool child, made by Works Progress Administration manual-training project, San Bernardino, Calif.

(below) Infant-care traveling exhibit, San Bernardino and Imperial Counties, Calif. Layette made at Works Progress Administration sewing project; cabinets made by National Youth Administration.



Store window exhibit. Visalia, Tulare County, Calif.



Nutrition and good-teeth demonstration used as a store exhibit, Tulare County, Calif.

## CONFERENCE CALENDAR

Aug. 15-19	National Medical Association. Hampton, Va.	Oct. 6-10	Second Balkan Congress for the Protection of Children. Belgrade.
Sept. 14-16	National Congress of Parents and Teachers. Board meeting, Mayflower Hotel, Washington, D.C. Information: N.C.P.T., 1201 Sixteenth St., NW., Washington, D.C.	Oct. 9-13	American Dietetic Association. Annual meeting, Milwaukee, Wis. Information: A.D.A., Room 1221, 185 North Wabash Ave., Chicago.
Sept. 19-22	American Legion Convention. Los Angeles, Calif.	Oct. 24-28	Americal Dental Association. Annual meeting, St. Louis, Mo. Information: A.D.A., 212 East Superior St., Chicago.
Sept. 19-23	Seventh International Management Congress. Washington, D.C. Congress headquarters: Room 1201, 347 Madison Ave., New York.	Oct. 25-28	American Public Health Association. Sixty-seventh annual meeting, Kansas City, Mo. Information: A.P.H.A., 50 West Fiftieth St., New York.
Sept. 26-30	American Hospital Association. Annual meeting, Dallas, Tex. Information: A.H.A., 18 East Division St., Chicago.	Nov. 15-18	Southern Medical Association. Thirty-second annual meeting, Oklahoma City, Okla. Information: C. P. Loran, Secretary-Manager, Empire Building, Birmingham, Ala.
Oct. 3-7	National Recreation Congress. Twenty-third annual congress, Hotel William Penn, Pittsburgh, Pa. Information: National Recreation Association, 315 Fourth Ave., New York.		

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# Child

Monthly News Summary



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# THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 2

August 1938

## GENERAL CHILD WELFARE

### CITY WAGE EARNERS AND THEIR CHILDREN

BY ISADOR LUBIN,  
COMMISSIONER OF LABOR STATISTICS,  
U.S. DEPARTMENT OF LABOR

How do children fare in the homes of city wage earners? What incomes do their fathers have? How much do their mothers spend for food? How much do their fathers pay for rent? And what kind of homes do they have? What sort of clothes do their mothers buy for them? How much does the family spend for medical care? What do they pay out for recreation, and what is their reading? Do they go away for summer vacations, and do their parents save for their future when times may be hard and father can't find a job, or some other emergency arises? How much difference does it make whether there are brothers and sisters in the family, and how many are there?

The answers to these and similar questions are appearing from an analysis of data secured in a study of consumer purchases undertaken by the Bureau of Labor Statistics early in 1936 in 32 representative cities. Information was obtained on income, family size and composition, type of dwelling, and expenditures for housing for families of all types, and of all nativity and color groups. The data bring into high relief the economic status of the families of urban wage earners. The material for the 32 cities is still in process of being analyzed, but figures for Chicago

now available in final form serve to illustrate the results.

Approximately half the families studied in Chicago were classified as wage-earner families, and half the families in the wage-earner group had incomes of less than \$1,278 in the year 1935-36; value of relief (except Works Progress Administration wages) was not included in calculating incomes. When the wage-earner families who received some relief during the year are left out of the picture, the middle income for this group is found to be \$1,436.

When the wage-earner families are classified by nativity and color, the median incomes of the foreign-born and native white groups were found to be very similar, \$1,319 and \$1,369, respectively. The Negro median was much lower, \$804. If the families that received some relief during the year are left out of the reckoning, the middle-income figures are found to be \$1,520 for the native white family, \$1,434 for the foreign-born white family, and \$1,033 for the Negro family in the wage-earner group.

In this investigation data on the distribution of total family expenditures among specific goods and services, and on savings and investments

were restricted to native white families including husband and wife that had not received relief during the year covered by the study.<sup>1</sup>

The group of native white families including husband and wife was found in Chicago, as in the other cities covered in the urban study of consumer purchases, to be in general on a higher economic plane than the population as a whole. In part, this is accounted for by the fact that these families are not handicapped either by the adjustments which must be made by immigrants from overseas, or by Negro migrants from the South. In addition, families including husband and wife in both the foreign-born and native groups were found to have median incomes several hundred dollars above other families--the "one-person families," families of widows and their children, of brothers and sisters, or other less closely related groups banded together to share their joint income and a common table.

The middle income for all native white families including husband and wife among Chicago wage earners was \$1,422, and one-quarter of them had incomes of less than \$899. In view of the fact that the Works Progress Administration estimated the cost of maintenance of a manual worker's family of four persons in Chicago in January 1936 as \$1,354, these income figures are fraught with serious social consequences. Among these families, 13.2 percent received some relief in the year covered by the schedule. Of the families that had not received relief at any time during the year 20 percent had incomes of less than \$1,000 (see table 1). More than half (53 percent) were found to have incomes from \$1,000 to \$1,999; 27 percent had incomes from \$2,000 to \$1,999, and less than one-half of 1 percent (0.4) had incomes of \$5,000 or more.

In the face of such an income distribution one naturally asks, where are the families with children? At the lowest income level among the self-supporting families in this group, there

were relatively few children. In Chicago large families with incomes of less than \$500, no savings reserve, and no credit, can rarely survive the year without relief assistance. In the native white families including husband and wife that received some relief the number of children under 16 averaged 1.71 as compared with 0.95 in all non-relief families, and 0.67 in the nonrelief families with incomes of less than \$500.

TABLE 1.—DISTRIBUTION BY INCOME OF NATIVE WHITE, NONRELIEF, WAGE-EARNER FAMILIES INCLUDING HUSBAND AND WIFE, CHICAGO, 1935-36

Income class	Percent of families
All classes-----	100.0
Less than \$1,000-----	19.5
\$1,000-\$1,999-----	53.0
\$2,000-\$2,999-----	21.5
\$3,000 or more-----	6.0
Median income-----	\$1,557

In wage-earner families in the income bracket less than \$1,000 the average number of children under 16 was something less than one per family (0.95), and one family in three had an additional person over 16--an older son or daughter, grandmother, aunt, or some other family member.

In the groups with incomes from \$1,000 to \$2,999 the number of children averaged slightly more than one per family, and slightly more than one-half the families had an additional older member.

Above the \$3,000 level there were found the definitely mature families in which the wife frequently worked outside the home and in which most of the children had grown up and had either remained with the family to share their incomes in a common fund, or had left home. At this income level, on the average, four families out of five had one child under 16, and the average number of persons over 16 in addition to the father and mother was 1.65.

Of the 15,316 Chicago children in the native white wage-earner families including husband and wife covered by this survey, 20 percent were found in families on relief, 14 percent in self-supporting families with incomes of less than \$1,000, 44 percent in families with incomes from \$1,000 to \$1,999, 18 percent in families with incomes from

<sup>1</sup>Negro families were covered in New York City, Columbus, and the cities studied in the Southeast. The extension of the investigation to cover the purchases of foreign-born families, families on relief, and families not including husband and wife, in such a way as to provide results capable of clear-cut analysis, would have required an allocation of funds and of personnel larger than seemed practical within the limitations of the investigation.



\$2,000 to \$2,999, and 1 percent in the bracket \$3,000 or more.

The figures on the number of earners per family make it clear that the higher incomes in the wage-earner group are due quite as much to increases in the number of the family's earners as to larger earnings on the part of the family's chief earner. In the nonrelief families with incomes of less than \$1,000 the number of earners per family averaged 1.12; in the group with incomes from \$1,000 to \$1,999 the average rose to almost 1.20 earners per family; in the group with incomes from \$2,000 to \$2,999 the average rose to 1.38; and in the group with incomes of \$3,000 or more it reached 1.97.

The data obtained on family expenditures make it possible to answer the questions: What is the effect on family expenditures of the presence of children in the family? What does the family with

three or four children go without, which the smaller family buys?

Table 2 presents figures on the average expenditures of all native white wage-earner families in Chicago, and of families with parents and one, two, and three or four children under 16 years of age but no other members. In general, the families of these three types are one-earner families, as the mother of a family with children and no other adults has too much to do at home to seek employment outside except in cases of emergency. Incomes of these families with children, therefore, averaged lower than incomes for all the families in the wage-earner group, in which, as mentioned above, the earnings of supplementary earners are essential if a family is to reach one of the higher income levels. On the average, the fathers in the one-child families were somewhat younger than those in the two- and three-child families, and their incomes were lower. Except

TABLE 2.--AVERAGE EXPENDITURES BY NATIVE WHITE WAGE-EARNER FAMILIES INCLUDING HUSBAND AND WIFE, CHICAGO, 1935-36

(Incomes \$500-\$5,000 combined)

Item	Families including husband and wife and--			
	All families	One child under 16 years	Two children under 16 years	Three or four children under 16 years
Average expenditure per family-----	\$1,631	\$1,453	\$1,558	\$1,549
	Percent distribution	Percent distribution	Percent distribution	Percent distribution
Total-----	100.0	100.0	100.0	100.0
Percent of current expenditure for:				
Food-----	36.5	36.1	38.6	40.4
Clothing-----	8.9	8.7	8.7	8.5
Housing-----	18.1	20.5	16.8	19.2
Fuel, light, and refrigeration-----	6.5	5.7	6.7	7.3
Other household operation-----	3.6	3.7	3.4	3.2
Furniture and equipment-----	3.1	2.7	3.3	2.6
Automobile-----	4.9	4.6	5.6	2.5
Other transportation-----	2.4	2.2	2.2	1.8
Personal care-----	2.1	2.1	2.0	2.0
Medical care-----	4.6	5.1	4.6	4.5
Recreation-----	2.5	2.7	2.6	2.4
Tobacco-----	2.2	2.1	2.0	2.0
Reading-----	1.1	1.1	1.0	1.0
Education-----	0.7	0.3	0.6	0.8
Gifts and contributions to individuals and to the community welfare--	2.3	2.0	1.7	1.5
Other items-----	0.5	0.4	0.2	0.3

where income level is specified expenditures are given for families at all income levels, \$500-\$5,000 combined.

Food expenditures are of central importance in the expenditures of each of these groups; the percentage going for food is, of course, appreciably larger in the families with three and four children. Although family food expenditures averaged higher in families of this type than among all the wage-earner families, expenditures per adult male equivalent per meal were considerably lower. In the group with incomes ranging from \$1,250 to \$1,500, for example, the amount spent per equivalent adult per meal averaged 16.8 cents for all families; 15.7 cents for families of father, mother, and one child; 14.4 cents for families of father, mother, and two children; and 12 cents for families with three or four children.

At the lower-income levels there is relatively little difference between the housing expenditures of families with one child and families with three and four children, when expenditures for fuel, light, and refrigeration are added to expenditures for rent. The larger families simply have less desirable quarters, either in larger dwellings in poor repair or in less attractive neighborhoods, or in dwellings of the same size where they are more crowded. At the higher-income levels it is possible to satisfy the need for homes with better equipment and more adequate space, and larger expenditures for housing appear.

Families with only one child are more likely to live in apartments with central heating than are larger families. The housing problem was met by a good many families with only two children by taking houses toward the outskirts of the city and driving to work in the family car. In the majority of the families with three or four children, however, essential expenditures for food and housing took what margin there might have been for the purchase and operation of an automobile, and freedom of choice in renting a home was, therefore, more restricted.

The uniformity of the percentage of total expenditures going for clothing in families of different types emphasizes the economies in clothing expense for individuals when families are larger.

In part these economies are secured by making overhanded-down clothes for the smaller children, but in part they mean that there is very little leeway in the family budget and that the children and the parents in the larger families frequently must wear clothing inadequate from the standpoints of physical health and of the community standard of suitable appearance.

Expenditures for medical care by families of each type averaged approximately \$70. The higher variability of the expenditures of individual families is ample evidence of the extent to which medical-care expenditures are restricted to emergency needs and how little is spent for preventive medicine.

The children in these families have the comic papers to read, but their families buy very few magazines and fewer books. In general the public library and the public school must furnish whatever reading matter they have.

Vacation trips are limited, in general, to 1-day outings, or to visits to friends and relatives. Expenditures for summer cottages and for lodging at camps on vacation or overnight trips averaged \$1.33 per year for all the wage-earner families cooperating in the investigation. Motion pictures took the greater part of recreation expenditures.

In each income bracket below \$1,750, the wage-earner families as a group showed a net deficit, aggregate increases in liabilities and decreases in assets exceeding savings. As might have been expected, the small families began to show net savings at a lower income level than the larger ones, and the group of families consisting of husband and wife and one child showed a larger average net saving than the wage-earner group as a whole. The very small margin of savings possible under large-city conditions for a group with incomes averaging about \$1,550 is well illustrated by the data of this study, which indicate an average annual saving of \$22 for wage-earner families of all types in Chicago. Those families with only one child managed to make a somewhat better showing than the average, with an annual saving of \$42, whereas those with two or more children were able, on the average, to do little more than keep their expenditures for the year within their incomes.

# NEWS AND READING NOTES

## (General Child Welfare)

*National Conference of Social Work* At the Seattle meeting of the National Conference of Social Work, June 26-July 2, 1938, the following officers were elected for the year 1938-39:

Paul Kellogg, New York, president; Edward L. Rycerson, Jr., Chicago, first vice president; Ida M. Cannon, Boston, second vice president; Jane A. Hoey, Washington, third vice president; Arch Mandel, New York, treasurer; Howard R. Knight, Columbus, general secretary.

The 1939 conference will be held in Buffalo, N.Y., June 18-24. The Committee on Nominations submitted the following names to be voted upon in 1939:

For president, Grace Coyle, School of Applied Social Sciences, Western Reserve University, Cleveland; for first vice president, Arlien Johnson, Graduate School of Social Work, University of Washington, Seattle; for second vice president, Sidney Hollander, Board of State Aid and Charities, Baltimore; for third vice president, Mrs. DeForest Van Slyck, Association of Junior Leagues of America, New York.

Dr. Solomon Lowenstein, president of the conference for 1938, was prevented by illness from attending the Seattle meetings. As the first and second vice presidents were also absent, Ruth Fitz Simons, third vice president, and assistant director of the Washington State Department of Social Security, presided at the meetings.

The city where the National Conference of Social Work will meet in 1940 was not selected. A special committee was appointed to select the meeting place.

*Proceedings of conference of National Association for Nursery Education* "Safeguarding the Early Years of Childhood" is the theme of the proceedings of the seventh biennial conference of the National Association for Nursery Education, held in Nashville, Tenn., October 20-23, 1937. Copies may be obtained from Katherine Roberts, Merrill-Palmer School, Detroit (196 pp.; price, 50 cents).

Lawrence K. Frank's address, "The Fundamental Needs of the Child," which is included in the proceedings, considers the impact upon the infant and the preschool child of prescribed standards of socialization, such as regularization of feeding,

toilet training, and control of emotional responsiveness through jealousy, anger, or fear. The acceptance and understanding of sex differences, of parental authority and private property, and of himself as an individual are also dealt with as aspects of the socialization of the child upon which will depend to a great extent his capacity in adult life to find happiness in marriage and family life, and to make a satisfactory adjustment in social and occupational living. In regard to the question of freedom and self-expression for children, Mr. Frank points out that "the young child especially needs a wisely administered regulation or direction because he cannot sustain the immense burden of making individual decisions on all aspects of life and learning unaided to manage his impulses."

Lois Barclay Murphy's address, "How Can Research and Education Learn From Each Other?" is followed by a discussion of the relation between current investigation and practice--in medical protection (paper by Dr. Martha M. Eliot, read by Dr. Ethel C. Dunham); and in social protection (paper by Mable Marks).

*1938 awards for books for children* At the conference of the American Library Association in Kansas City, Mo., June 13-20, announcement was made of the award of two medals.

The John Newbery medal, awarded annually since 1922 for "the most outstanding writing for children" was awarded for 1938 to Kate Seredy for "White Stag" (Viking Press, \$2).

The Randolph Caldecott award, established in 1937 in honor of the English illustrator of children's books and given to the illustrator of the "most distinguished picture book for children published in the United States during the year" went to Dorothy P. Lathrop for "Animals of the Bible" (Stokes, \$2).

A committee of the Section for Library work with Children and the School Libraries Section of the American Library Association selects the author and the illustrator whose work is honored with these awards.

## BOOK AND PERIODICAL NOTES

*Recent child-welfare bulletins of University of Iowa*

Child-welfare pamphlets published during 1938 by the State University

of Iowa include a group of papers from the eleventh Iowa Conference on Child Development and Parent Education:

"The Emotions of the Child," by James S. Plant, Ph.D., Essex County Juvenile Clinic, Newark, N.J. (No. 58, January 19, 1938; 13 pp.)

"Parents Look at Modern Education," by Winifred E. Bain, Ph.D., Columbia University, N.Y. (No. 59, January 22, 1938; 13 pp.)

"The Impact of Society Upon the Child," by Kimball Young, Ph.D., University of Wisconsin, Madison. (No. 61, January 29, 1938; 17 pp.)

"The Child in the Modern World," by H. A. Overstreet, College of the City of New York. (No. 62, February 5, 1938; 7 pp.)

Other recent pamphlets in this series are the following:

"Prenatal Care for the Baby," by Everett D. Plass, M.D., University of Iowa, Iowa City. (No. 63, February 9, 1938; 8 pp.)

"Factors in Delinquency," by Harold M. Williams, Ph.D., University of Iowa. (No. 64, February 16, 1938; 13 pp.)

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*1938 publications of Association for Childhood Education*

Two bulletins prepared by persons experienced in the field of early childhood

education primarily for the use of members of the Association for Childhood Education have recently been made available by the Association (1201 Sixteenth St., NW., Washington, D.C.) for the use of teachers, administrators, and student teachers.

"Reading--A Tool for Learning" (1938; 32 pp.; 35 cents) stresses the importance of normal growth of the whole child, the development of readiness for reading, and the natural introduction to reading activities when the child is mature enough to find satisfaction in them.

"Sharing Experiences Through School Assemblies" (1938; 39 pp.; 35 cents) points out the enlargement of interests, the development of appreciations, and the beginnings of suitable group behavior that may be derived from the situations provided by the school assembly.

EDUCATION FOR SOCIAL WORK; a sociological interpretation based on an international survey, by Alice Salomon. Verlag für Recht und Gesellschaft A.-G., Zurich, Switzerland. 1937. 265 pp.

This report, published by the International Committee of Schools for Social Work with the support of the Russell Sage Foundation, is divided into two parts. The first part describes in detail the schools in France, Germany, Great Britain, the United States, and Belgium. The schools in some of the other countries are described in groups: Switzerland, Scandinavia, Holland; Austria, Hungary, Czechoslovakia, Poland, Rumania, Italy, Spain; British Dominions, South America, the Near East, Asia. Part II gives a list of the individual schools with certain factual information about each one.

The author visited many of the schools, and in addition used various publications as well as material on file in the International Labor Office. She has tried to describe and to interpret, without evaluation, what exists in the field of education for social work. She points out that it is impossible to judge the value of a school without knowing something of the type and structure of the social services for which the students are being prepared.

It depends on the social structure of the country and the character of its social services, whether education for public-health work should be given in the schools of social work and according to the standards and exigencies of the profession of social workers (as in Germany) or whether it should be a profession quite apart (as in France) or an annex of or combination with the nurses' profession (as in Great Britain).

THE ENGLISH NURSERY SCHOOL, by Phoebe E. Cusden. Kegan Paul, Trench, Trubner & Co., London. 1938. 290 pp. Price, 10s. 6d. net.

The nursery-school movement in Great Britain, its history, development as a part of the educational system, and probable future trends are described in detail in this volume. It also contains practical suggestions for administrators and teachers, with chapters on program, meals, staff, holidays, medical inspection, equipment. One chapter gives information, applicable to Great Britain, on the nursery-school service as a career.

# THE SOCIAL SECURITY PROGRAM FOR CHILDREN

## THE SOCIAL SECURITY ACT, 1935-38

*Social Security Board folder* A folder, "Three Years' Progress Toward Social Security" (Washington, 1938; 10 pp.), has been prepared by the Social Security Board for general distribution in connection with the third anniversary of the signing of the Social Security Act by the President on August 14, 1935. The act is summarized as providing "10 distinct but closely related programs operating on a Nation-wide scale and designed to establish" the following services: Old-age insurance and unemployment insurance for wage earners in the major industries; cash assistance on a basis of need for the aged, the blind, and families with dependent children; maternal and child-health and child-welfare services; vocational reeducation for handicapped workers; and public-health protection.

In regard to the services administered by the Social Security Board, the leaflet states:

At the third-year milepost, the road back shows well over 30,000,000 men and women now building up insurance against want in their old age; 25,500,000 workers who have earned some credit toward an insurance against temporary unemployment; about 2,350,000 of the needy receiving assistance in their own homes; and health and welfare service reaching out into all parts of the country. State participation in the programs outlined in the Social Security Act is already substantially complete.

*Third anniversary celebrated* The third anniversary of the signing of the Social Security Act was celebrated by a meeting at the Shoreham Hotel, Washington, D.C., on the evening of August 15, 1938, with Frank Bane of the Social Security Board acting as toastmaster.

The program centered about a broadcast by President Roosevelt. Introduced by Senator Wagner of New York, sponsor of the social-security bill in the Senate, the President described a truly national social-security program as one that would include all persons who need its protection and stated that the National Health Conference was called to consider ways and means of extending to the people more adequate health and medical services and also to afford some protection against the economic losses arising out of ill health.

Addresses were given by Frances Perkins, Secretary of Labor and Chairman of the Committee on Economic Security appointed by the President in 1934 to consider social-security legislation; Oscar L. Chapman, Assistant Secretary of the Interior; Arthur J. Altmeyer, Chairman of the Social Security Board; Representative David J. Lewis of Maryland, co-author of the social-security bill in the House; and Katharine F. Lenroot, Chief of the Children's Bureau.

The Washington field office of the Social Security Board and various public-assistance agencies of the District of Columbia joined in a meeting at Barker Hall, August 5, in celebration of the third anniversary of the Social Security Act at which the coordination of Washington's social services was urged. Among the speakers at this meeting were William L. Kilcoin, acting regional director of the Social Security Board, Katharine F. Lenroot, Chief of the Children's Bureau, and Dr. Robert Olesen, Assistant Surgeon General.

*Maternal and child-welfare services*

Since the Social Security Act applies to Alaska, District of Columbia, and Hawaii, as well as to the 48 States, the largest possible number of plans in operation under any one type of service is 51. In August 1938, in the three services administered by the Children's Bureau of the United States Department of Labor, there were 51 maternal and child-health plans in operation, 50 plans for services for crippled children, and 50 plans for child-welfare services.

*Amendments proposed*

In an article reprinted from the *Social Service Review* for March 1938 (vol. 12, no. 1, pp. 21-33), "Next Steps in Social-Security Legislation," Mary W. Dewson, member of the Social Security Board, summarizes proposed amendments to the Social Security Act transmitted to Congress by the President for the purpose of extending the coverage of the old age

insurance system, speeding up the payment of unemployment-compensation benefits, and simplifying the administration of both programs. Miss Dewson also points out some further problems in old-age insurance, in simplifying death payments, and in

further improving and simplifying the mechanics of social insurance.

No bills proposing amendments to the Social Security Act reached the floor of Congress during the 1938 session.

## NATIONAL HEALTH CONFERENCE

A National Health Conference called by the Interdepartmental Committee To Coordinate Health and Welfare Activities was held at the Mayflower Hotel, Washington, D.C., July 18-20, 1938. About 180 invited members and 70 observers attended the Conference. Medical, public-health, civic, labor, and social-work organizations were represented. The members of the Interdepartmental Committee are Josephine Roche, Chairman; Arthur J. Altmeyer, of the Social Security Board; Oscar L. Chapman, Assistant Secretary of the Interior; Charles V. McLaughlin, Assistant Secretary of Labor; Milburn L. Wilson, Under Secretary of Agriculture, and E. L. Bishop, Executive Secretary.

Josephine Roche, as chairman, opened the Conference by reading a letter from the President stating the need for a comprehensive, long-range health program. In her address Miss Roche stated that the present staggering aggregate of suffering and death can, and must be, lightened, and that the economic waste due to unmet health needs must be reduced. Katharine F. Lenroot, Chief of the United States Children's Bureau, gave a brief address on health needs of mothers and children.

The Surgeon General of the Public Health Service, Dr. Thomas Parran, Jr., began his address at the opening session by reminding the audience of the significance of the Conference, the importance of emphasis upon the prevention of disease, and the vital function of research. "It is my firm belief," he stated, "that this Conference marks the ridge of the hill between the old indifference to health as a matter of national concern and a new understanding that health is the first and most appropriate object for national action. . . . It is not unlikely that public health may be the next great social issue in this country."

Speakers at the afternoon session included Dr. Irvin Abell, president of the American Medical Association; William Green, president of the

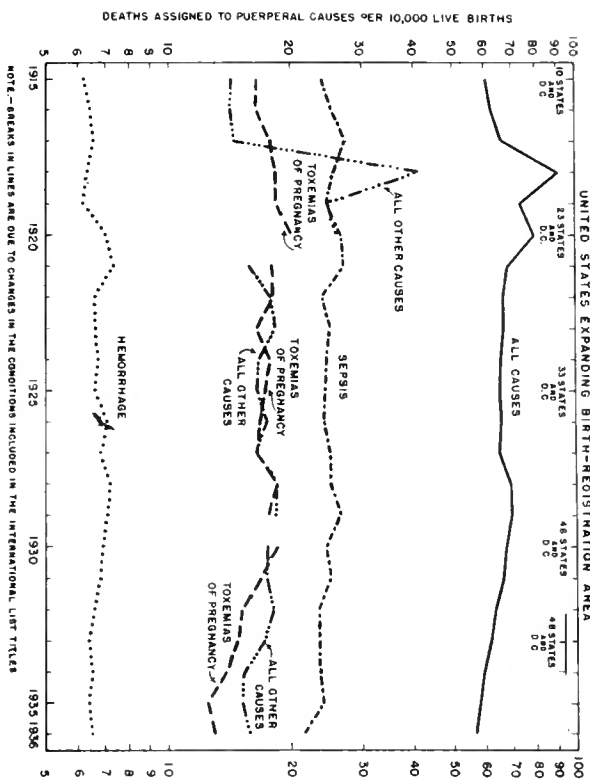
American Federation of Labor; Dorothy J. Bellanca, vice president of the Amalgamated Clothing Workers of America; and Dr. Hugh Cabot, of the Mayo Clinic.

The three sessions on July 19 were devoted to the presentation of the recommendations of the Technical Committee on Medical Care with supporting data by the five members of this Committee, and to discussion of the recommendations. (A report of the Technical Committee on "The Need for a National Health Program" was adopted by the Interdepartmental Committee and submitted to the President in February 1939.) The need for expanding general public-health services was presented by Dr. Clifford E. Waller, of the United States Public Health Service; the need for expanding maternal and child-health services,<sup>1</sup> by Dr. Martha M. Elliot, of the United States Children's Bureau, Chairman of the Technical Committee. The status of hospital facilities and needs in that field were presented by Dr. Joseph W. Mountin and the subject of medical care for the medically needy, by George St. John Perrott, both of the United States Public Health Service. I. S. Falk, of the Social Security Board, presented the recommendations relating to a general program of medical care and to insurance against loss of wages during sickness.

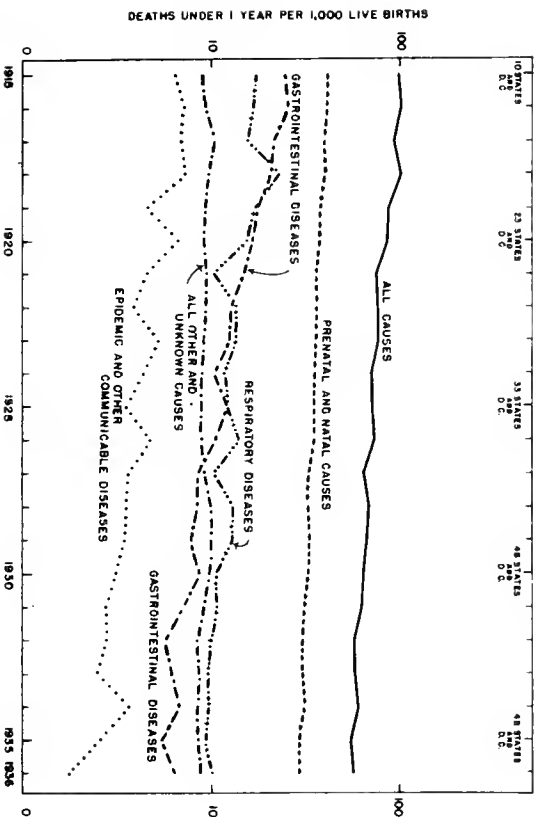
More than 65 of the delegates entered into the discussion, which featured every session, and reflected the wide attention that the problem of medical care has attracted among all groups. Representatives of consumers of medical care--labor groups, farm workers, club women, employers, as well as social workers and other professional groups--indicated general agreement that the time for action, based on careful and comprehensive planning has arrived.

<sup>1</sup>The charts on page 35 are taken from "Addenda to Report on Expansion of the Existing Federal-State Cooperative Program for Maternal and Child Health," prepared for use of the Conference.

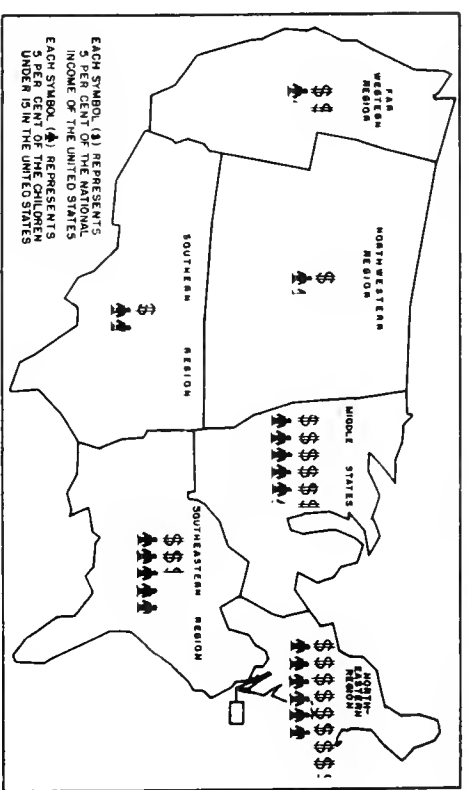
# MATERNAL MORTALITY, BY CAUSE, 1915-36



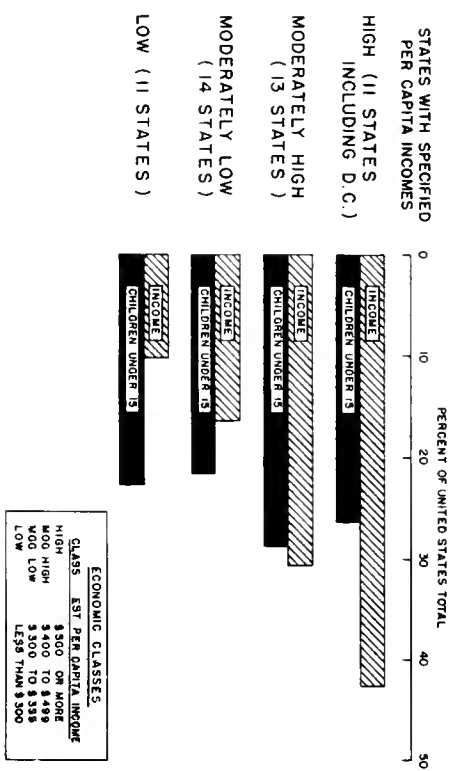
# INFANT MORTALITY, BY CAUSE, 1915-36



# NATIONAL INCOME AND CHILDREN UNDER 15 YEARS OF AGE, UNITED STATES



# DISTRIBUTION OF INCOME COMPARED WITH DISTRIBUTION OF CHILDREN UNDER 15 YEARS OF AGE, BY ECONOMIC CLASSES OF STATES, UNITED STATES, 1935



Miss Roche in summing up the Conference on the last day stated that the Conference itself, in its deliberations, expressions, and reactions was "the best recognition we could have of the fact that the problems of providing more adequate health services and medical care for all the people of this Nation are public problems," and that the discussions revealed substantial agreement on the need for a national health program, developed and adapted so as to safeguard and advance the quality of medical service. There was agreement also, she pointed out, that a national health program should certainly take account of varying regional and local situations. None of the recommendations of the Technical Committee, she stated, contemplates a program operated by the Federal Government, but on the contrary the underlying purpose of the recommendations is to use Federal funds to equalize the financial burdens among the States, to stimulate local planning and local action, to develop for all the people in all parts of the country, opportunities

for health and medical care which now are enjoyed by the more fortunate groups. She further stressed the fact that differences of opinion where they were expressed were on such matters as apportionment of the costs of a national health program among Federal, State, and local governments, and the scope and form of a program of medical care for the entire population. "At the bottom, these are differences of opinion as to how far and how fast we should go, which must be decided by State legislatures and by the various local authorities."

The Conference was not asked to give formal endorsement to any specific proposals. Delegates were asked to put before the membership of the organizations they represent the recommendations of the Technical Committee. Miss Roche requested continuing assistance in the development of a plan of action to be worked out by the Technical Committee and the Interdepartmental Committee in the light of suggestions made at the Conference, which will be put forward subsequently.

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The Interdepartmental Committee To Coordinate Health and Welfare Activities has established offices at the Rochambeau Annex (Room A-202, 1624 Eye St., NW., Washington, D.C.). Communications to the Committee should be sent to this address.



## WHAT IS CHILD-WELFARE SERVICE?

(Part 2)

*Rehabilitation of the Child  
in His Own Home--continued.*

From a county in a North Central State comes the following report and case story:

When the child-welfare worker opened his office in June 1937, he was in despair at the problems presented: Wretched housing, low relief standards, disease, alcoholism, feeble-mindedness, insanity, illegitimacy, incest. These problems appeared singly or together, not only in an occasional family but in practically all that were referred to him. He immediately called together groups of citizens in three small communities and began discussing the community aspects of these social problems.

The local groups have since banded together in a county child-welfare committee and are already attacking certain local conditions with courage. At a recent meeting they took steps toward better control of taverns, particularly in regard to closing hours and the sale of liquor to minors. The question of quarantine was discussed, and it was agreed to work for the appointment of a competent board of health. A venereal-disease clinic is also in process of being organized with the assistance of the State department of health. The committee supported the local sale of tuberculosis seals with the result that the proceeds increased from \$14 in 1936 to \$462 in 1937.

A subcommittee has already been appointed to work out a medical program for the county and a dentist on the committee has offered to give his services for urgent dental work, provided funds are available for the cost of materials.

A step toward the prevention of delinquency is being taken in the inauguration of a school census. Plans are also under way for a survey of recreational interests and habits of the young people in the various communities.

Twenty-three children have been examined by the child welfare service psychologist, and efforts are being made to secure complete clinical services. The present case load of 63 have been referred from a variety of sources--court, township supervisors, teachers and principals, ministers, policemen, public-health nurses, nurses from the trachoma clinic, and citizens. It is too large a case load for effective work, especially in view of the complicated situations involved.

\* \* \* \* \*

The four K children were referred to child-welfare services by the Red Cross as motherless, neglected children who were in danger of becoming delinquent. Their father, 45 years of age, had completed the fourth grade in school. He had been brought up under the rule of the rod and was forced to leave school as soon as he was old enough, and work in a mine. He has two children--Anna, now 23 years of age, and Richard, 21--by his first wife, who died of influenza in 1918. Two

years later he married Beulah Cox, and they have four children.

Standards in the home have always been low. In 1928 a child-placing agency made an investigation of the care received by Anna, which resulted in her commitment to that agency and subsequent placement in a foster home. The father was in jail for bootlegging, alcoholism, and cruelty to the children. Apparently no consideration was given to the other children at that time.

After the death of his second wife in 1931, Mr. K tried to keep house without help. This led to the reopening of the case by the child-placing agency, when Anna reported that her half-brothers and sisters were neglected. The opinion of the community seemed to be that Mr. K was doing the best he could under the circumstances and that the problem was one of poverty and unemployment rather than of child neglect. The family has been receiving relief or Works Progress Administration wages since 1932. When the oldest boy, who had taken chief responsibility for care of the home, left to join the Civilian Conservation Corps, Mr. K had a man and his wife move into the home to keep house, but this was not satisfactory.

Their four-room house was destroyed in the flood of January 1937, and when referred to the child-welfare services in the following June, the family was still living in a tent provided by the Red Cross.

All the children were seriously retarded in school. George, 17, was in the fourth grade; Larry, 15, in the first grade; Emily, 13, in the third grade; and Mary, 8, in the first grade. Larry had run away from home, but neither his father nor George, who said that "the only way to do anything with him is to beat him," was very much concerned. They thought it was no one's business and did not welcome the services of any children's agency.

Since the death of the second Mrs. K attempts had been made to remove the children from the father's custody. In view of Anna's removal from the home some years before, the family lived in constant fear of separation. Antagonism and even threats of physical violence gradually gave way to a sincere expression of interest when Mr. K and the family understood that the child welfare service office was interested in helping them. He had felt his inadequacy in caring for the children but had not been willing to avail himself of any help before. "Everyone in the past has tried to tear down and make it more difficult rather than be of any help." He finally accepted help in arranging for Larry's return and adjustment in his home, for repairs on his house by the Red Cross, and for assistance in helping the children become better adjusted in school.

After tracing Larry from neighbor to neighbor for 3 weeks, the child-welfare supervisor located him in a nearby town where he had come to the attention of the police, mayor, and township

supervisor. They thought that he did not receive proper care at home and that he should be removed from his father's custody. When they realized the possibility of supervision under the child-welfare supervisor, however, they agreed to give Larry another trial in his own home. The child-welfare supervisor then discussed Larry's difficulties with Mr. K who agreed not only not to punish him but to see that he was no longer mistreated by his older brother, George, who dominated the children in the father's absence. Neighbors also agreed to cooperate by ceasing to shelter Larry or to encourage him to remain away from home. The house was finally repaired and partially furnished by the Red Cross.

The present teacher is willing to give the children special help and has tried to make them feel his personal interest in them. Consequently all the children are enjoying school this year for the first time in their lives. Larry and Mary have been promoted to the second grade and are making fair progress.

While improvement was being made with other problems, housekeeping became even a greater problem. When the children came home, already chilled from their long walk from school, they found the fires out and the house cold. The responsibility for both house and school was too much for Emily, who is very nervous and cries at the least provocation. Mr. K finally agreed to housekeeping service through the Works Progress Administration provided that a "person of good reputable character was sent to work with the children." This was accomplished through the cooperation of the supervisor of the housekeeping service and the township supervisor.

During the past few months there has been evidence of a new family solidarity, which has become even more evident since the enrollment of George in the Civilian Conservation Corps. Larry is doing better work both in school and at home than ever before. Mr. K shows more interest in the children and seems to enjoy the visits of the child-welfare supervisor. He likes to tell of the children's progress. He has agreed to physical examinations and psychological examinations for all the children in the hope of helping them make better school adjustments. With satisfactory housekeeping service, there is reason to feel that conditions will gradually improve and that the children will receive much better care than they have in the past.

The child-welfare worker in another State tells the following story resulting from her visit to a county infirmary to discover whether any children were there and to assist in planning for their placement elsewhere.

The Dobbs family consists of Mrs. Dobbs, who is 30 years of age, and her seven children: James, 13; Harry, 11; Floyd, 9; Alice, 6; Nellie and Nettie, 4; and Paul, 3. The father, who drank a great deal and often mistreated his family, deserted them several months before the birth of

Paul. Mrs. Dobbs and her relatives could not get along together, nor did they have room for Mrs. Dobbs' entire family, so she was placed in the county infirmary by a local welfare worker.

Because Mrs. Dobbs was useful in the infirmary, no effort was made to reestablish this family. A nonsupport warrant was issued for Mr. Dobbs, but no special effort was made to find him, although it was thought that he had a job in a nearby coal camp. During the 2 years that Mrs. Dobbs was in the county infirmary, she did all the sewing, from layettes to shrouds, for the entire group. Whenever the superintendent's wife was away, Mrs. Dobbs was left in charge. Mrs. Dobbs was the best worker and most efficient person at the infirmary and, when the superintendent and his wife learned plans were being made for Mrs. Dobbs to move into a home of her own, they did everything they could to prevent her leaving.

The child-welfare worker conferred with the local agency and succeeded in working out a rehabilitation plan for the family. Four rooms were found for Mrs. Dobbs in a very nice section of Brooks. Although the rooms were partly below the street level, they were all large and light. As Mrs. Dobbs had very little furniture or housekeeping equipment, second-hand furniture was purchased for her on a time basis. The State children's bureau worked out an estimated budget of \$45 per month. This included \$8 for rent, \$20 for groceries, \$3 for milk, \$5 for clothing, \$3 for utilities, and \$6 for incidentals, including \$5 a month to be paid on her furniture. This was to be supplemented by clothing and surplus commodities from the Works Progress Administration. This money was sent to Mrs. Dobbs by the State bureau for 3 months. After that time, the county department of public assistance accepted this family for aid to dependent children and allowed them \$42 per month.

In the year that Mrs. Dobbs has been keeping her own family, she has paid all bills, paid for necessary furniture, and bought several extra pieces. She has three children in school and also sends the children to Sunday school. One son makes his home with a sister of Mrs. Dobbs, but his mother frequently sends him clothes.

Mrs. Dobbs attends meetings of the parent-teacher association and is interested in anything that concerns her children. She has taken out life insurance for them all. Whenever one of the older boys is at home to care for the younger children, she works out in the neighborhood, but she will not go far from her home. She has several washings for neighbors, and is proving herself resourceful in providing for her family in their own home.

\* \* \* \* \*

Following is a case recently handled by a consultant on the staff of a State child-welfare division. This demonstrates the value of interpretation of social factors to the community by a skilled worker:

One school principal came three times to the State office asking help for a certain family before a worker could be spared to go into the community. Arriving on the scene, the worker found a family of eight living in an old store building, of which the front room was an indescribably filthy cream station and the two rear rooms, dark, crowded, and dirty, were the family living quarters. The father, a 70-year-old invalid, received an old age assistance grant of \$7 a month; the mother, aged 36, operated the cream station, the income from which barely covered the rent. A small grocery order was sent semimonthly by the relief office. The ages of the six children ranged from 17 years to 1 year.

After a preliminary investigation, the worker arranged a conference of persons interested in the family. At the beginning, nearly all present were insistent that the State break up the family and send the children to an institution. The worker pointed out that in spite of ignorance, filth, and poverty, there were certain positive factors in the situation--approximately normal intelligence and strong family ties. There was also the possibility that individuals in the group might adapt themselves to better standards of living if given an opportunity. She referred to Charles, aged 21, who after a year in the Civilian Conservation Corps married a girl with much higher standards than his own family. Although living in the same neighborhood, he is maintaining his own home on quite a different level. The decisions reached during the conference were: (1) That the local group did not want to take the responsibility of breaking up the family; (2) that for the protection of the community, the cream station must be closed; (3) that the old age assistance office would increase the monthly grant to cover rent; (4) that assistance be given toward finding decent living quarters for the family; (5) that, if necessary, some of the children be placed temporarily in foster homes if the parents were willing; and (6) that the local probation officer be asked to help plan for and supervise the family.

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The following stories from two States in widely separated areas are briefly recorded, but results indicate the amount of time spent in careful, patient work with clients and community:

The day that the child welfare service worker took over her responsibilities in James County she attended a court hearing that involved a mother and four children. The county worker had been called

in when the husband was sent to jail, and the mother had been forced to apply for relief. The mother was found to be living with a man, and the children were believed to be neglected. The court gave the custody of the children to the department of welfare, and the case was turned over to the child welfare service worker for placement of the four children.

The worker after talking with the mother was convinced that economic stress and strain had contributed to her situation. The children were healthy and were devoted to one another and to the mother. They were very much upset at the prospect of a separation. An elderly uncle of the family was found who needed a housekeeper, and the mother and four children were placed with him. The uncle is delighted to have the children in the home with him and has agreed to see that they are given educational opportunities. The mother is proving to be a capable parent and shows an unsuspected stability.

The county commissioners have followed the case with interest, are pleased with the plan, and recognize the financial saving that has been effected. A change of plan may have to be made when the father is released from jail.

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After her husband's death Mrs. W swapped farm for farm, always at a loss, until she had almost exhausted the small amount of money left her. She gave birth to an illegitimate child and began to wander about restlessly with five of her six children. The oldest boy had begun to steal and was in jail when the situation was called to the attention of the county child-welfare worker.

Careful study of each member of the family followed. The mother was led, through repeated talks and beach trips in which the children were included, to place full confidence in the county child-welfare worker. She bought a small home near a truck farm where she and her older children could get some work in their spare time. The children were put in school and went regularly. The oldest boy was placed on probation to an uncle but voluntarily returned to his mother after repeated visits had influenced him to accept the illegitimate brother and to feel that he wanted to contribute his help to the family.

The special fund set aside by the county for child welfare service use supplemented the family budget until the family was somewhat stabilized. Aid to dependent children was then granted.

*Note.--This is the second group of case stories relating to child-welfare services under the Social Security Act to be published in The Child. The first group appeared in the June 1938 issue.*

# MATERNAL, INFANT, AND CHILD HEALTH

## NEWS AND READING NOTES

*United States sends delegates to Pan American conferences*

The Tenth Pan American Sanitary Conference convenes at Bogotá, Colombia, September 1, 1938, and will be followed immediately

by the Third Pan American Conference on Eugenics and Homiculture. Delegates from the United States Government to these two conferences areas follows:

From the United States Public Health Service--  
Surgeon General Thomas Parran, Jr., Chairman of the Delegation  
Senior Surgeon Edward C. Ernst  
Senior Surgeon Charles V. Akin  
Special Consultant E.V. McCollum

### Other delegates--

Dr. W. A. Sawyer, Director, International Health Division, Rockefeller Foundation  
Dr. Mark Boyd, Chief of Rockefeller Research Laboratory, Rockefeller Foundation  
Dr. Marian M. Crane, Specialist in Child Hygiene, Children's Bureau, Department of Labor  
Edith M. Baker, Consultant in Medical Social Service, Children's Bureau, Department of Labor, technical adviser, Sanitary Conference; delegate, Conference on Eugenics and Homiculture.

The subjects under consideration at the Tenth Pan American Sanitary Conference include the campaign against venereal diseases; human nutrition and alimentation; social security in its medical and public-health aspects; maritime and aerial quarantine measures; prenatal and infant hygiene--progress since the Ninth Pan American Sanitary Conference; public health; rural hygiene; and a number of specific diseases, including tuberculosis. (*Official communications from the Department of State, Washington, D.C.*)

*Nation-wide tuberculosis program proposed*

A proposed new program, Nation-wide in scope, looking toward the eradication of tuberculosis in the United States was presented at the annual meeting of the National Tuberculosis Association in Los Angeles on June 20, 1938. This program, which has the endorsement of Surgeon General Thomas Parran, Jr., was presented in the form of a progress report of a committee of which Homer Folks, Secretary of the New York State Charities Aid Association, is chairman.

The suggested program, to start in 1939, would require \$140,000,000 for the construction of 40,000 hospital beds for tuberculosis patients.

Another part of the program is to X-ray all persons who have had family contact with known cases of tuberculosis, at an estimated cost of \$5,544,000 for 792,000 examinations. It is suggested that there should be a larger proportion of Federal financial participation in construction costs than in maintenance costs, and that Federal grants toward hospital maintenance be made at the basic rate of 50 percent during the 6 years covered by the plan. (*An Outline of a Suggested Nation-Wide-- Federal, State, Local-- Program to Prevent Tuberculosis. National Tuberculosis Association, 50 West Fiftieth St., New York, 1933. 12 pp.*)

*Central Midwives Board in England and Wales issues report*

The Report on the Work of the Central Midwives Board for the year ended

March 31, 1937 (Ministry of Health, London, 1938, 13 pp., price 4d. net) gives figures on the number of registered midwives, training institutions and homes, candidates for examination, and so forth.

The report also contains new rules for training and examination of midwives, approved by the Board on February 12, 1937, in recognition of the conditions and requirements which it is expected will exist when the provisions of the Midwives Act of 1936 become fully effective. The two most important changes are the extension of the period of training for midwives from 6 to 12 months for State-registered general trained nurses and from 12 to 24 months for other pupil midwives, and the division of the course of training into two parts, each of which will be completed by an appropriate examination.

*International Society of Medical Health Officers sponsors institute*

A 1-day Institute on the Practical Administrative Affairs of the Health Officer, sponsored by the International Society of Medical Health Officers, will be held in Kansas City, Mo., on October 24, 1938. This institute, to which all public-health officials are invited, precedes by 1 day the convention of the American Public Health Association.

The list of speakers at the institute includes Dr. W.S. Walker of the Commonwealth Fund; Dr. C.E. Waller; Assistant Surgeon General, United

States Public Health Service; Dr. William E. Mosher, Syracuse University; Dr. John L. Rice, Commissioner of Health, New York City; Dr. Huntington Williams, Commissioner of Health, Baltimore; Dr. J.N. Baker, State Health Officer, Alabama; Dr. Val Sanford, State Board of Health, Tennessee; George E. Van Buren of the Metropolitan Life Insurance Company, New York; and Walter N. Kirkman of the State Board of Health, Maryland. (Statement from International Society of Medical Health Officers, Leon Banov, M.D., 12 Mill St., Charleston, S.C.)

\* \* \* \* \*

*"American Journal of Hygiene" announces changes in arrangement*

Beginning in January 1939, papers accepted for publication by the

*American Journal of Hygiene* will be assigned to one of the four following sections: Section A.

Epidemiology, Biostatistics, and General; Section B. Bacteriology, Immunology, and Viruses; Section C. Protozoology and Malariology; Section D. Helminthology. For subscribers wishing complete files, the four sections will be published as usual under one cover, the whole corresponding to the present Journal, at an annual subscription price of \$10 instead of \$12 as at present. For persons interested principally in the special fields represented by the section headings, the sections will be issued under separate, distinctive section covers, on the usual dates of publication. A single section will cost the annual subscriber \$2.50.

Monographs and supplements may be published as heretofore, but no definite commitments are made at present. Epidemiological numbers, formerly published in May and November, will be discontinued. (Statement of *American Journal of Hygiene*, 615 North Wolfe St., Baltimore, Md.)

## BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

**NURSES HANDBOOK OF OBSTETRICS**, by Louise Zabriskie, R.N. Fifth edition. J.B. Lippincott Co., Philadelphia. 1937. 724 pp. \$3.

The text in the fifth edition of *Nurses Handbook of Obstetrics* has been enlarged and enriched by the addition of articles and pictures showing recent advances and researches in obstetrics. The chapter on recent advances in obstetrics by Dr. Grace Swanner includes information on the vitamin requirements of women during pregnancy and a description of the use of protosil in the treatment of puerperal sepsis. An informative chapter on the history of obstetrics, by Dr. Douglas E. Cannell, has been added to this edition. The whole text has been reorganized and arranged according to the unit plan and coincides with the recommendations made by the National League of Nursing Education in "Curriculum Guide for Schools of Nursing."

Each unit begins with a paragraph on orientation which reflects a broad approach to the study of obstetric nursing. The need is emphasized for experience in the ward, in the clinic, and in the social-service department as part of the student's program. Each unit concludes with a series

of questions which give consideration to the sociological, economic, and educational aspects of good maternity care.

Throughout every phase of maternity care the author stresses the principle of prevention and maintenance of health of mother and baby: "It is during this period that the patient, the doctor, and the nurse must assume the responsibility for securing a well mother and a well baby at the termination of labor." Labor is dealt with as the "crisis of all maternity care." In the chapter "Motherhood and Human Welfare" evidence is given that this crisis is not always met by providing skilled medical and nursing care.

As a textbook of current practice in obstetric nursing this volume fills a need, not only for students in schools of nursing, but also for staff programs of graduate education, for study and reference by the individual nurse, and for nurses unable to enroll in formal graduate courses who need assistance in solving the daily problems arising in the field of obstetric nursing.

N.D.

LIFE AND GROWTH, by Alice V. Keliher. D. Appleton-Century Co., New York. 1938. 245 pp. \$1.20.

"Life and Growth" has been written especially for young persons of high-school and junior-college ages in order to help them with their personal and social problems. An important section of this book deals with sex development and sex functioning. The contents are divided into two main parts. The first part deals with human life and social progress, and the second describes the individual and the way he grows.

The book was written with the cooperation of the Commission on Human Relations, Progressive Education Association.

A MATHEMATICAL METHOD FOR STUDYING THE GROWTH OF A CHILD, by Rachel M. Jenss, Sc.D., and Nancy Bayley, Ph.D. *Human Biology*, vol. 9, no. 4 (December 1937), pp. 556-563.

A mathematical formula describing the growth in length or weight of each of two white children, a boy and a girl, who were observed at irregular intervals during the first 6 years of life, was worked out by the authors. A growth acceleration factor was derived which is a constant in the case of each child and which may be used to compare several characteristics in one child and in different children and to evaluate the factors influencing development during infancy and childhood.

INFLUENCE OF FACTORS BEFORE AND AT THE TIME OF DELIVERY ON PREMATURE MORTALITY, by B.B. Breese, Jr. *Journal of Pediatrics*, vol. 12, no. 3 (May 1938), pp. 648-663.

A review of 987 records of premature infants indicates that there are few factors other than

weight that appear to exert a definite influence on mortality of premature infants. Hydramnios has a distinctly injurious effect on the life of the infant. Other apparently deleterious factors are the age of mother if more than 40 years, breech delivery, bag induction of labor, and the use of morphine. No harmful effect is noted from medical induction of labor or from forceps delivery or Cesarean section.

HOW TO CARE FOR THE BABY, by Violet Kelway Libby. Bruce Humphries, Boston. 1937. 110 pp. \$1.

Most of the simple problems of the normal baby's first year are covered in this small volume.

"This book is designed to give the new mother, with her first baby, some of the practical knowledge she would probably learn through her own experience by the time she acquired her second or third child," Mrs. Libby explains, and goes on to say that she has tried to arrange the book in such a way that with its help the most inexperienced person—even a new and bewildered father—can if necessary undertake with confidence every detail of the baby's 24 hours. It is designed to supplement medical books on infant care and covers many practical points of daily procedure.

PROBLEMAS MEDICO-SOCIAIS DA INFANCIA, by J. Freire de Vasconcelos, M.D., and Silveira Sampaio, M.D. Livraria Odeon, Rio de Janeiro. 1938. 272 pp.

The authors, young pediatricians of Rio de Janeiro, discuss the extent and causes of illegitimacy, the situation of children of illegitimate birth, infant mortality, and health work for young children in Brazil as compared with other countries. The book has an extensive bibliography.

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

# CHILD LABOR

## ADMINISTRATION OF FAIR LABOR STANDARDS ACT

The appointment of Elmer F. Andrews as Administrator of the new Wage and Hour Division in the United States Department of Labor was announced July 15, 1938. This Division will administer the Fair Labor Standards Act with the exception of the child-labor provisions, which are to be administered by the Children's Bureau.

Mr. Andrews has served as Industrial Commissioner of New York State since 1933, succeeding Frances Perkins in that post, and as Deputy Industrial Commissioner from 1929 to 1933. While Mr. Andrews was the State Industrial Commissioner, many important labor laws were enacted and put into operation in New York State. These laws include a child-labor law that prohibits the employment of children under 16 years of age in any occupation during school hours and in manufacturing industries at any time, a minimum-wage law, and amendments to the State industrial home-work law greatly strengthening its provisions.

Before becoming Deputy Industrial Commissioner of New York State, Mr. Andrews was engaged

as a construction and consulting engineer in railroad work. He was graduated from Rensselaer Polytechnic Institute in 1915 as a civil engineer, and served as a lieutenant in the Air Service during the World War.

Mr. Andrews was inducted into office as Administrator of the Wage and Hour Division on August 16, 1938.

\* \* \* \* \*

The Chief of the Children's Bureau has announced that Beatrice McConnell, Director of the Industrial Division of the Bureau, has been placed in charge of the administration of the child-labor provisions. The Industrial Division will be expanded in order to carry, in addition to its basic responsibilities for industrial research, the administrative and research responsibilities with respect to the employment of minors and to the determination of hazardous occupations that are vested in the Children's Bureau under the Fair Labor Standards Act.

## NEWS AND READING NOTES

*Social security account number cards not evidence of employability under child-labor laws*

As the result of reports that children barred from work by child-labor

laws are being hired illegally because they have social security account number cards, the Social Security Board has issued a warning that possession of such a card is not evidence of the holder's employability. Employers have explained, it is reported, that they took it for granted that the applicant for work had reached the legal working age because he exhibited an account card.

The Social Security Board states that account numbers have been assigned to about 150,000 persons under the age of 16 years. "The responsibility of an employer to comply with Federal and State laws regarding the hiring of minors is not affected by the fact that the applicant for work may display an account card." (*Release from Social Security Board, July 18, 1938.*)

*Report on Migration of Workers available*

The Preliminary Report of the Secretary of Labor pursuant to S. Res. 298 (74th Congress) has been issued in two volumes, mimeographed, under the title "Migration of Workers" (U.S. Department of Labor, Washington, 1938. 296 pp.). A limited number of copies are available.

Volume I contains a summary of findings, and the text of the survey. This consists of part I, "Nature of the Problem," prepared by the Bureau of Labor Statistics, a summary of which was printed in the *Monthly Labor Review* for July 1937; and part II, "Social Problems of Migrants and Their Families," prepared by the Children's Bureau, a summary of which appeared in *The Child* for August 1937.

Volume II contains the appendices and was prepared jointly by the Bureau of Labor Statistics and the Children's Bureau.

# SOCIALLY HANDICAPPED CHILDREN

## FOREIGN NOTES

### *Maternity insurance in Cuba*

The system of maternity insurance for workers in industry introduced in Cuba by a law of 1934 was extended on December 17, 1937, to women employed in commercial establishments, public-service companies, cooperative and mutual-aid societies, also by the State, Provinces, municipalities, and other public agencies.

In these establishments the employment of women is prohibited for 6 weeks after confinement; a woman may also leave her work 6 weeks before the presumed date of confinement on the presentation of a physician's certificate. During the entire time of her absence she is to receive her pay in full. These payments are to be made from a national fund into which the workers will pay 1 percent of their wages and employers one-half of 1 percent of their payroll; proceeds from fines imposed by laws will also go into that fund. In addition to the cash benefits, insured women will receive attendance by a physician or midwife of their choice. Smaller benefits are paid to wives of clerical and manual workers in the establishments listed, who are themselves not employed. (*Gaceta Oficial (Habana)*, December 17, 1937, p. 10061.)

### *Investigation of foster homes in Sweden.*

An investigation of foster homes throughout Sweden is being made by the Public Institution for Children, an official agency that finances child-welfare work. Information has recently been compiled on conditions in foster homes in three-fourths of the districts of the country. Of 20,000 fosterhomes with 22,000 foster children, 1,460 homes were found to be of "doubtful quality"

and 725 definitely unsuitable. More than 400 children have been transferred from the unsuitable homes to other homes by the official inspectors of foster homes. The most frequent defects found in the foster homes were old age, illness, or poverty of the foster parents and unsatisfactory dwellings; in a few homes the investigators found habitual drunkenness or the use of the foster children for hard work.

Social workers of Sweden expressed surprise at these findings, because legislation for the protection of foster children has been in existence in that country for more than 30 years and the child-welfare law of 1924 contains strict regulations in regard to foster homes. (*Lidskrift för Barnvård och Ungdomsskydd*, Stockholm, 1938, No. 2.)

### *Public aid to mothers and children in France*

Aid to dependent mothers and children by the public-relief authorities of Paris and the Department of the Seine (in which Paris is situated) is described in the report for 1920-37 of the Administration Générale de l'Assistance Publique à Paris, which administers public relief.

The Assistance Publique maintains prenatal centers, homes for expectant mothers, maternity homes, and child-health centers. It administers the law of 1913 on maternity benefits, under which payments from public sources are made to needy mothers for 8 weeks, and the law of 1919 providing cash benefits to mothers nursing their children. The Assistance Publique also supervises in its own territory foster-home placement of dependent children under 1 years of age and often pays for their care. (*L'Administration Générale de l'Assistance Publique à Paris*, 1920-37. Paris, 1937.)





# BOOK AND PERIODICAL NOTES

## (Socially Handicapped Children)

*American Speech Correction Association issues proceedings* Proceedings of the American Speech Correction Association, vol. 8, 1938, published in March 1938 (College Typing Co., 720 State St., Madison, Wis.) contains the papers given at a conference held in Chicago in October 1937.

Stuttering and other speech disturbances are considered from the phonetic, physiological, clinical, and psychological aspects, and various methods of treatment are described, including surgery for cleft palate and reeducation of the stutterer.

*Florence Crittenton Homes' conference minutes* The Florence Crittenton Bulletin, vol. 13, August 1938, gives the reports of the fifty-fifth annual conference of Florence Crittenton homes, held at Chattanooga, Tenn., May 1-5, 1938. From the papers which were read on pertinent subjects and from the reports on each individual home, a picture is presented of policies and current thinking. Such topics are discussed as the establishment of junior boards, the place of case work in a maternity-home program, and the attitude of the maternity home toward changes in program and policy, including the question of the time a

mother should be required to remain in the maternity home.

*Boy transiency studied* Three new pamphlets in the series by George E. Outland of Santa Barbara State College, Santa Barbara, Calif., dealing with boy transiency have appeared.

"The Home Situation as a Direct Cause of Boy Transiency" is reprinted from the *Journal of Juvenile Research* for January 1938 (vol. 22, no. 1, pp. 33-42). This shows that approximately one-fourth of the 3,352 boys who registered with the Boys Welfare Department of the Federal Transient Service in Southern California, August 1, 1934, to July 31, 1935, left home because of some difficulty in the home situation.

"The School as a Direct Determinant in Boy Transiency" is reprinted from the *Harvard Educational Review* for May 1938 (vol. 8, no. 3, pp. 353-358). This gives excerpts from case histories of several boys who became migrants because of some cause connected with the educational system.

"Acceleration and Retardation Among Transient Boys" is reprinted from *School and Society* (March 26, 1938, vol. 13, no. 1213, pp. 413-416). It shows that transient boys as a group are retarded but that the degree of retardation averages less than 1 year.

\* \* \* \* \*

SERVICES FOR NEGRO UNMARRIED MOTHERS IN ALLEGHENY COUNTY, PA. Federation of Social Agencies of Pittsburgh and Allegheny County, 519 Smithfield St., Pittsburgh. 1938. 22 pp. Mimeographed. 25 cents.

The need for maternity-home care of the Negro unmarried mother was brought to the attention of the Federation of Social Agencies by the case committee of the Children's Service Bureau. The present report is the result of a study by a special committee appointed for this purpose in 1936, and includes information obtained from 21 reporting organizations regarding services given to 203 Negro unmarried mothers in Allegheny County, Pa., during 1936.

SOME SUGGESTIONS FOR ILLINOIS' ADOPTION PROCEDURE; a study of 60 adopted problem children, by Ruth Epstein and Helen Witmer. Smith College Studies in Social Work, vol. 8, no. 4 (June 1938), pp. 369-388.

A study of 60 adopted children in Illinois who showed difficulties in behavior gave the following results:

In more than a third of the cases there seemed to be little relation between the children's problems and the fact of adoption. Seventeen of them represented typical minor problems of parent-child or sibling relationships, characterized by affection and poor judgment in child management on the part of the parents and a desire for help in improving the situation. Five others in this group in which the problems seemed unrelated to

adoption concerned children of low intelligence, and affectionate parents who wanted advice about school placement. Among the remaining cases there were six in which the children's problems seemed traceable to insecurity growing out of their adoption. Three of these appeared to involve rather mild maladjustments, and three represented serious problems, in which the adoptive parents' unfavorable attitudes accentuated the children's concern about their real parents. In four other cases difficulties developed when an adoptive parent died or was divorced and a step-parent resented the presence of an adopted child. In the largest group of cases--almost half of the total group--the problem centered about rejection, overt or concealed by overprotection, by the adoptive parents. These latter cases threw most light on the attitudes and problems that may develop out of an adoption situation and seemed to warrant further study.

THE ROLE OF THE SOCIAL WORKER IN A PREVENTION OF BLINDNESS PROGRAM, by Lewis H. Carris and Eleanor Brown Merrill. Publication 259, National Society for the Prevention of Blindness, 50 West Fiftieth St., New York. 8 pp. 5 cents.

This article, reprinted from *The Sight-Saving Review* for December 1937, describes the work of the social worker in a program for prevention of blindness as being the interpretation of the doctor's findings to the patient; the interpretation of the patient's social and personal problems to the doctor; examination and treatment of other members of the family when needed; and responsibility for follow-up.

REPORT OF THE DEPARTMENTAL COMMITTEE ON ADOPTION SOCIETIES AND AGENCIES. Home Department, London. 1937. 59 pp. Price, 1s.

This is the report of a committee appointed in January 1936 to investigate the methods pursued by adoption societies or other agencies engaged in arranging for the adoption of children in England. It was found that in 1936 more than 5,000 children were adopted in England in accordance with the provisions of the Adoption of Children Act, 1926; this number does not include informal or de facto adoptions.

The summary of recommendations stresses the importance of thorough inquiries by adoption societies and agencies into the suitability of would-be adopters to have the care of the child and into the suitability of the child for adoption. A probationary period of at least 3 months is recommended. The committee believes that adoption societies should not be allowed to arrange for a British child to be taken out of the country for adoption by foreign nationals, and that advertisements offering or seeking children for adoption, except by regulated adoption societies and agencies, should be prohibited. The extension is recommended of the child-life protection provisions of the Public Health Act, 1936, to cover adoptions arranged by private persons including the mother or other relative of the child.

Other recommendations deal with staff and administrative policies of adoption societies.

CHILD-WELFARE LEGISLATION, 1937, has been printed for distribution by the Children's Bureau (U.S. Children's Bureau Publication No. 236, Washington, 1938; 91 pp.) and single copies are now available upon request.

The legislatures of 13 States, Alaska, Hawaii, and Puerto Rico met in regular session during the calendar year 1937. Special sessions also were held in many of these and in three other States, leaving only two States--Louisiana and Mississippi--in which the legislature did not meet during the year. Child-Welfare Legislation summarizes laws passed in all these sessions on subjects affecting child welfare.

## OF CURRENT INTEREST

*Advisory Committee  
on Education to  
publish 19 studies*

The Advisory Committee on  
Education is arranging to  
publish a series of 19

studies prepared by the research staff for the consideration of the Committee in connection with the preparation of its report to the President. Several of the studies break new ground. The statements and conclusions contained in the studies are those of the authors and do not necessarily conform to those which the Committee expressed in its own report.

The complete list of studies to be published is as follows:

1. Education in the 48 States. Payson Smith, Frank W. Wright, and associates.
2. Organization and Administration of Public Education. Walter D. Cocking and Charles H. Gilmore.
3. State Personnel Administration With Special Reference to Departments of Education. Katherine A. Frederic.
4. Expenditures and Sources of Revenue for Public Education. Clarence Heer.
5. Principles and Methods of Distributing Federal Aid for Education. Paul R. Mort, Eugene S. Lawler, and associates.
6. The Extent of Equalization Secured Through State School Funds. Newton Edwards and Herman G. Richey.
7. Selected Legal Problems in Providing Federal Aid for Education. Robert R. Hamilton.
8. Vocational Education. John Dale Russell and associates.
9. Vocational Rehabilitation of the Physically Disabled. Lloyd E. Blanch.
10. The Land-Grant Colleges. George A. Works and Barton Morgan.
11. Library Service. Carleton B. Joeckel.
12. Special Problems of Negro Education. D.A. Wilkerson.
13. The National Youth Administration. Palmer O. Johnson and Oswald L. Harvey.
14. Educational Activities of the Works Progress Administration. Doak S. Campbell, Frederick H. Bair, and Oswald L. Harvey.
15. Public Education in the District of Columbia. Lloyd E. Blanch and J. Orin Powers.
16. Public Education in the Territories and Outlying Possessions. Lloyd E. Blanch.
17. Education of Children on Federal Reservations. Lloyd E. Blanch and William L. Iversen.

18. Educational Service for Indians. Lloyd E. Blanch.

19. Research in the United States Office of Education. Charles H. Judd.

The report on the National Youth Administration, Staff Study No. 13, announced for publication about August 22, is the first of this series to come from the press. Every effort will be made to have all the studies issued by the end of December 1933. Upon publication copies may be procured from the Superintendent of Documents, Government Printing Office, Washington, D.C. Exact information as to prices will not be available in advance of publication.

\* \* \* \* \*

*Report on  
Economic  
Conditions of  
the South*

The Report to the President on the Economic Conditions of the South was prepared by the National Emergency Council in response to a request of the President, dated June 22, 1933, for information on the needs and problems of the South. The report was released to the public on August 13, 1933, by Lowell Mellett, Executive Director of the National Emergency Council (Washington, 1933; 64 pp.).

The section on women and children states:

Child labor is more common in the South than in any other section of the Nation. The 1930 census, latest source of comprehensive information on child labor, showed that about three-fourths of all gainfully employed children from 10 to 15 years old worked in the Southern States, although these States contained less than one-third of the country's children between those ages. . . . Child-labor legislation in these 13 States, as in the United States in general, does not apply to agricultural work, but is directed primarily to industrial and commercial employment.

Sections of the report are devoted to economic resources, to soil, water, population, private and public income, education, health, housing, labor, women and children, ownership and use of land, credit, use of natural resources, industry, and purchasing power.

## CONFERENCE CALENDAR

Sept. 26-30	American Hospital Association. Annual meeting, Dallas, Tex. Executive Secretary: Dr. Bert Caldwell, 18 East Division St., Chicago.	Oct. 22-24	Association of women in Public Health. Seventeenth annual conference. Excelsior Springs, Mo., Oct. 22-23; Kansas City, Mo., Oct. 24.
Sept. 26-30	International Congress of Industrial Accidents and Occupational Diseases, Eighth. Frankfurt-am-Main, Germany.	Oct. 24-28	American Dental Association. Annual meeting, St. Louis, Mo. Information: A.D.A., 212 East Superior St., Chicago.
Oct. 3-7	National Recreation Congress. Twenty-third annual congress, Hotel William Penn, Pittsburgh, Pa. Information: National Recreation Association, 315 Fourth Ave., New York.	Oct. 24-28	American Association of School Health. Kansas City, Mo.
Oct. 6-10	Second Balkan Congress for the Protection of Children. Belgrade, Yugoslavia.	Oct. 25-28	American Public Health Association. Sixty-seventh annual meeting, Kansas City, Mo. Information: A.P.H.A., 50 West Fifth St., New York.
Oct. 9-13	American Dietetic Association. Twenty-first annual meeting, Milwaukee, Wis. Information: A.D.A., Room 1221, 185 North Wabash Ave., Chicago.	Nov. 15-16	Southern Branch, American Public Health Association. Seventh annual meeting, Oklahoma City, Okla.
Oct. 10-14	National Safety Council. Silver Jubilee Safety Congress and Exposition, Stevens Hotel, Chicago.	Nov. 15-18	Southern Medical Association. Thirty-second annual meeting, Oklahoma City, Okla. Information: C.P. Loran, Secretary-Manager, Empire Building, Birmingham, Ala.

## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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## UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

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# Child

Monthly News Summary

with

Social Statistics Supplement

[PRINTED SEPARATELY]



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price \$1 a year; postage additional outside the United States.

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# THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 3

September 1938

## SOCIALLY HANDICAPPED CHILDREN

### FOSTER-HOME CARE FOR UNMARRIED MOTHERS<sup>1</sup>

BY MAUD MORLOCK,  
U.S. CHILDREN'S BUREAU

The unmarried mother and the child born out of wedlock generally need the services of a social agency. Facilities should be provided to insure care for every mother who desires assistance and for every baby who needs protection. As long as the service is available, it matters little whether the agency that provides it is a family-welfare organization, a child-placing agency, a specialized service, or even whether the support comes from private or tax funds. This is a field where both forms of support could be used but where the availability of public funds might insure case-work service to every mother rather than to a selected few.

The service offered should be flexible and highly individualized but should not "label" the mothers or set them apart. Case-work service should be available for all mothers, including those who remain in the parental home. Facilities for care either in a maternity home or in a private foster home should also be available for mothers who need this form of care. The needs of

the individual mother, father, and baby should be considered, their own resources utilized, and their independence encouraged.

Case-work service for the unmarried mother has long been recognized in many communities as a necessary part of the social program. A few States have given public-welfare departments certain responsibilities for children born out of wedlock. Certain cities at the present time are undertaking to provide a centralized case-work service for all unmarried mothers. Maternity homes have for many years made a valuable contribution to this program. Foster-home care has been used less widely, partly because of lack of funds, but its usefulness and effectiveness have been demonstrated.

#### DEVELOPMENT OF FOSTER-HOME CARE

In the past, social agencies have usually made provision in the maternity home for the unmarried mother who desired not to remain with her own family. Such facilities still exist, some cities supporting one or more such places. Many social agencies, particularly the child-placing group, have become interested in the use of foster homes, but because of limited funds only a relatively small number of agencies have developed programs of foster-home care for unmarried mothers.

The use of foster homes for unmarried mothers is not an altogether new development. Of five agencies visited, three had used foster homes extensively since the early 1920's and two since 1936.

<sup>1</sup>The writer recently visited and discussed foster-home care for unmarried mothers with the executives and staff of five agencies. Records were read in three agencies. Previously the subject had been discussed with members of the staff of the Sheltering Arms and a few foster-home records had been read. There has been some correspondence with other agencies providing this form of care and some discussion as the opportunity presented itself.

The material in this article is based on information obtained at the following places: The Infants Home and Infirmary, Toronto, Canada; Ingleside Home, Buffalo, N.Y.; Woman's Hospital, Detroit, Mich.; Catholic Charities, Rochester, N.Y.; Children's Bureau, Canton, Ohio; and Sheltering Arms, Philadelphia, Pa.

Two agencies had closed their infants' homes, partly to reduce the infant death rate and partly because of a recognition that babies thrive better with individual mothering. Both organizations questioned whether a girl who has experienced motherhood outside of wedlock needs the routines of group living as much as she needs the individual care of a foster mother. One agency questioned the wisdom of caring for mothers of widely varying age and life experience under one roof. One other agency came to the conclusion that with its inadequate institutional equipment foster-home care would be preferable. Three agencies started foster-home care in order to meet more adequately the individual needs of all types of mothers.

All these agencies offer case-work service to unmarried mothers, whether or not they need care away from their own homes. In addition, three of the agencies maintain maternity homes for the care of mothers who need that form of service.

#### QUESTIONS IN REGARD TO THE USE OF FOSTER HOMES

*Type of mother* One question that always arises in a discussion of the use of foster homes for unmarried mothers concerns the type of mother who can profit by the foster-home experience. Case records of agencies show that mothers of all types have made excellent adjustments in foster homes. These girls ranged in intelligence from definitely subnormal to normal or above and in emotional behavior from extreme instability to a comparatively satisfactory adjustment to life. Foster homes were used for the mothers who could not adjust themselves in the maternity home or who refused to go to the maternity home, for girls who had had few cultural advantages and for well-educated mothers as well--wherever the case-work process indicated the suitability of this form of service.

*Finding suitable foster homes* A second question relates to methods of finding foster homes for unmarried mothers. Frequently the foster mother who has boarded children successfully is asked by the agency to care for an unmarried mother. These homes are particularly desirable as the agency had had an opportunity to observe the foster mother's treatment of a child and perhaps of the

adults in the child's family. In one city the child-placing agency has recommended for unmarried mothers homes that could not be used for young children without their mothers or for school children because of the age of the foster parents, the distance from schools, or other reasons. Some of these homes have proved to be excellent for mothers. Sometimes a foster mother recommends the home of a friend, or a friend of the foster mother becomes interested in the girl under her care and decides that she too would like to care for an unmarried mother, either for companionship, or in order to be of service, or for legitimate financial reasons.

The problem of finding a sufficient number of foster homes of the right quality, with foster parents who are mature and suitable, occurs in any placement work. To obtain a sufficient number of such homes, social agencies constantly must be alert to tap new sources and to make each placement so successful that it will win new friends. Satisfactory foster homes may be lost through a single discouraging experience.

*Need for trained workers* Foster-home placement is not a task that an untrained and inexperienced person can perform successfully. Well-equipped workers who understand case work and child placing can find foster homes of the right quality for unmarried mothers in most communities, provided they have the time and funds. Case loads must be kept to a reasonable size. A maximum of 35 unmarried mothers for one worker is recommended by the Illegitimacy Conference of Chicago in "Standards of Care for the Unmarried Mother and Her Child."

Selection of the foster home for the unmarried mother should be made with the same care that is used in the selection of any foster home. The general procedure should provide for a sufficient number of interviews to allow the worker to become well acquainted with the foster mother. There should be at least one interview with the foster father, and probably an additional conference to discuss the plan with them jointly.

*Preliminary interviews* In these preliminary interviews the worker, in addition to studying the personalities of the persons involved and their possible contributions to the situation, might



discuss topics such as the following: The foster parents' previous experience with and understanding of the problems of illegitimacy and of adolescence; whether they had ever considered adopting a child and were still primarily interested in finding a baby for themselves or whether they had a genuine desire to give service to the mother and child; the probable reactions of the foster mother and the other members of the household, particularly the foster father, to this new situation. The foster mother's experience in the physical care of babies and her ability and willingness to teach the mother are also of vital importance.

The foster parents should be given a sufficient understanding of the policies of the agency so that they will not work at cross purposes. They should understand the importance of having confidence in the mother, of providing her with growth experiences, of preparing her more adequately for life, and of encouraging her in wholesome social relationships, including those with men. The foster parents should know also how the agency plans to share responsibility with them through supervision.

Much of the success of foster-home placement will depend upon the quality of preparation through preliminary discussions with the prospective foster mother, with the unmarried mother, and with both together. They should reach a clear understanding of the relationships between them involved in the responsibility that each is to take for the baby, in the general household tasks that are to be done, in the use of leisure time, and in many other problems that can be anticipated by the experienced worker.

Wherever it is possible the mother should have an opportunity to see the foster home in advance and to decide for herself whether it is the place to which she would like to go. Before or at the time of placement the social worker should accompany the mother to the foster home. This again affords an opportunity for a friendly discussion among the foster mother, the unmarried mother, and the social worker.

*Supervision of foster homes* Since discouragement is likely to arise in the adjustments that are necessary to meet the new situation, it is wise for the worker to visit the foster home within a few days after placement. The frequency of

subsequent calls will depend upon the adjustment that is being made, upon the agency's understanding of the unmarried mother, and upon the length and quality of its relationship to the foster mother. Supervision, if it has real meaning and if it is a sharing process between the foster mother and the social worker, may do much not only as a service to the mother but as an educational process to stimulate the foster parents to increasing usefulness.

*Length of stay* The desirable length of stay in the foster home--whether care should begin before the birth of the baby, and how long it should continue afterward--depends upon many factors, such as the mother's own resources, her eagerness to return to employment, her emotional adjustment, the time at which she applies to an agency, and the availability of funds. There must be sufficient money available so that the economic motive will not force the mother to a hurried decision regarding separation from her child. Provision should be made so that boarding care can be guaranteed for the baby for a 6-month period at least before a decision must be taken regarding adoption. This may or may not mean that the mother will remain in the same foster home with her child.

*Case records* A pertinent question for most social agencies to decide is what material to include in case records. The agencies using foster homes for unmarried mothers can make a unique contribution by analyzing and recording carefully the details of the mother's life in the foster home. Of significance is the way she spends her time, the new skills and interests she acquires, the place that she occupies in the home and neighborhood, her attitudes toward and relationships with her baby and others, and the contribution made by the foster father as well as the foster mother.

*Problems of personal adjustment* The problems arising from the placement of unmarried mothers in foster homes are in many instances not unlike those encountered in the placement of children. Change of environment, with all the potential difficulties that are involved in transplanting a human being, can be made satisfactorily only when the agency has a thorough knowledge and understanding of the unmarried mother and of the

foster parents and uses great care in selecting the proper home for a particular individual.

Difficulties may arise unexpectedly from insignificant causes, such as annoyance at a rasping voice and personal mannerisms or insistence on playing the radio at late hours when the foster parents desire to sleep. Delicate adjustments in personal relationships may be necessary when two individuals are closely associated in the care of the baby, particularly if the foster mother has great need of a child and if her interest centers more in the child than in the mother. There are also numerous opportunities for friction over relatives and friends of the unmarried mother who may call at inconvenient times or at hours when a dinner invitation is necessary.

There may be adjustments for the mother to make in meeting people through being part of a normal family and in participating in family activities. Each mother must decide before placement in a private foster home or in a maternity home whether she prefers to resume ordinary life at once or whether she prefers for a number of months to share her life with a group of girls who are having a similar experience and to live, as in many maternity homes, in more or less sheltered seclusion. Too little thought has been given to an analysis of the effect of both forms of care on the emotional life of the mother, particularly as they contribute to her future ability to manage her own life.

#### CONSTRUCTIVE ELEMENTS IN FOSTER-HOME CARE

*Value in strengthening case-work service* Social workers have expressed much enthusiasm over the use of foster homes. Likewise, representatives of a few maternity homes that have a real case-work program for all mothers and also use foster homes in individual cases believe that their program has been greatly strengthened through the use of this form of care.

*Community value* The use of foster homes is suited to communities of any size and to various racial and religious groups. No elaborate equipment has to be maintained through periods of changing needs and changing function. There must, of course, be a few foster homes available for emergency placements, although with a good case-work program, emergencies will probably not be

frequent. The number and types of homes can be varied to meet the demand in terms of Negro and white, Protestant and Catholic, and the home can be selected with the needs of the individual in mind. Foster homes offer a flexible service to the community.

*Religious values* Both Catholic and Protestant workers have found foster parents of great assistance in stimulating the religious interests of the mother. She can easily accompany the family to church; she is free to go to the church of her own choice if she prefers—a practice which she is likely to continue, since it is a decision that she has made for herself.

*Values to unmarried mothers* Positive values for the unmarried mother have been found in the use of foster homes. There can be great individualization in the treatment given or in the length of stay recommended when each mother's placement is considered as an individual problem and when the influence of exceptional care (whether in the form of an occasional outing or of a vocational course) on a group need not be considered. In a foster home the mother is not required to adjust herself to the routine of group living at a time when she may be emotionally disturbed. There are no rules or restrictions limiting her conduct except those that are customary in normal family living. Through the wise example and teaching of the foster mother, the unmarried mother learns to take responsibility for her own conduct and to make decisions.

In the private home the unmarried mother can meet her friends and relatives in a natural manner. Particularly is it easier for her masculine relatives to call and for her child's father to see her if both desire this. The mother who is a normal adolescent will continue her interest in men and, if she has lacked supervision, will probably need the guidance of wise foster parents in the development of wholesome friendships.

The foster home gives the mother a residential address that she can use when she is ready to look for employment.

Although all these values are important, most of them are insignificant in comparison to the experience of normal home life. The mother may have come from a broken home or may never have known satisfying family relationships, so that to be

part of a simple, wholesome family life is a constructive new experience. If the girl has never experienced a satisfying relationship to her own mother, the foster mother may become a mother substitute to her. The foster home, long after she has left the agency's care, continues to be a home to which she can go in her leisure hours, and the

influence of the foster mother continues after that of the social worker has ceased. The patterns of home life that she observes and the standards and skills that she acquires are those of normal family living and adaptable to the situations in which she is likely later to find herself.

#### BOOK AND PERIODICAL NOTES (Socially Handicapped Children)

SLUMS OF NEW YORK, by Harry Manuel Shulman. Albert & Charles Boni, Inc., New York. 1938. 394 pp. \$3.

More than 1,500 boys between the ages of 2 and 21 years were given individual study in the course of this investigation, which included 779 case records of families living in four scattered block-long streets of New York's slums during a year of prosperity, 1926, and 2 years of depression, 1931-32. The families studied represent a cross section of families living on the four streets, selected only for the presence of boys in the family. So stable was the population in three of these streets that the children in the first survey were found to be predominantly pre-adolescents and in the second, largely an adolescent group.

A separate chapter is given to the social world of the child in each community. Stress is laid on the dissimilarities among these four neighborhoods--"an old-world community"; "cross road of Orient and Occident"; "an old slum"; and "a conflict of cultures"--and on differences that arose between the survey years. Nevertheless, certain general characteristics and conclusions are given as to "culture patterns" in slum areas and as to the changing of these patterns.

In regard to employment and vocational training, the author finds:

With few exceptions, boys during both survey years began working as soon as they were legally permitted to do so, the choice of employment being determined chiefly by the extent of the immediate earnings. . . . The period of adolescence was in no respect a period of vocational training for these boys. The specter of unemployment did not serve as an incentive to them to secure subsequent vocational training, either at day school or at a night school. And, even while unemployed for long periods, practically none of them undertook to secure further vocational training.

Of children below the age for full-time employment, it is stated:

In the predepression years many assisted their mothers in the home garment industry. Others engaged in street trades as newspaper vendors and bootlaces; still others ran errands, and many were occupied in their fathers' stores or at their pushcarts. Those who could not be directly employed spent a great deal of their time at domestic tasks such as keeping the family woodbin supplied with scrap wood.

Information in regard to the health of the children was obtained only from school-record cards. These records indicated that a majority of the children were handicapped by poor health. "Malnutrition, carious teeth, hypertrophied tonsils, obstructed nasal breathing, and defective vision were common defects. School physical examinations recorded these defects through successive yearly tests of the same children, the majority of whom received no follow-up preventive medical care."

The extent of juvenile delinquency appeared to be affected directly by the nature of adult antisocial behavior. On one street, where there was young-adult gangsterism among first-generation Americans, and on another street, where there was a concentration of old-immigrant family groups of chronic drunkards and ne'er-do-wells, with concomitant criminality and loose supervision over childhood, there was juvenile delinquency "far in excess of that formally recorded through arraignments in the children's courts."

The author draws the conclusion that:

The cultural rehabilitation of the slum is therefore a necessary next objective, accompanying the task of slum clearance. Even should slum clearance be achieved to an extent beyond the expectations of its most ardent supporters, the next generation at least, must see efforts devoted to

the cultural reeducation of the victims of this generation's slums.

It is pointed out that the realization of cultural objectives--educational, vocational, and leisure-time--presents even more difficult problems than the development of social security in an economic sense, the field in which governmental planning has so far been utilized primarily:

The rehabilitation of the children of the slum, therefore, involves more than collective planning for better types of child-welfare services--it involves the creation of a more effective educational procedure for affecting the culture pattern of slum living.

The Survey Committee (subcommittee of the Boys Work Committee) of the Rotary Club of New York, which sponsored the study appends a final chapter, "Help can come." This embodies the committee's recommendations as to changes in the educational, recreational and vocational programs of children living in city slums.

The 1926 survey was made by Delphine Dunker, who gathered the data upon which Harry Shulman based the 1931-32 survey and wrote the report.

A HISTORICAL SUMMARY OF STATE SERVICES FOR CHILDREN IN ALABAMA. U. S. Children's Bureau Publication No. 239 (part 3), Washington, 1938. 38 pp.

This report is one of a series intended for students of public-welfare administration who wish to understand the development of State welfare programs. Part 1 dealt with New York and part 2 with Ohio. The fourth bulletin in the series, dealing with Massachusetts, is in preparation.

The Alabama study covers the development of State welfare administration in general in Alabama from 1871 to 1934. The history of the State child-welfare department is given in detail. State services for children include local public-welfare services, care of dependent children, care of mentally handicapped and problem children, care of

delinquent children, and care of physically handicapped children. The treatment is historical and does not cover changes in organization and services for children that have taken place in Alabama since 1934.

A SURVEY OF METHODS OF CARE, TREATMENT, AND TRAINING OF THE FEEBLE-MINDED MADE AT LETCHWORTH VILLAGE. Department of Mental Hygiene, State of New York. State Hospitals Press, Utica, N.Y. 1937. 164 pp.

Letchworth Village was authorized by the New York Legislature in 1907 for the custodial care of "epileptic and other feeble-minded persons." The present report was made by a group of experienced men who were invited by the Board of Visitors of Letchworth Village to make a survey of the institution.

The summary report is by Dr. C.-E.A. Winslow. Part 1 comprises reports by experts on five aspects of the physical plant. Part 2, by Dr. Arthur H. Ruggles deals with the care of patients. Part 3, on educational procedure, is by Dr. Bruce B. Robinson. Parts 4 and 5 deal with administration and with statistics and research.

The population of Letchworth at the time of the survey included 3,600 children. Of these there were about 500 of school age (6 to 16 years) with a level of learning intelligence (I.Q. 60 and above) indicating that they would be able to profit from special education leading to parole.

The report points out:

The progressive institution for the feeble-minded has the same attitude toward the necessity for the children living normal lives as does the special class in the public schools. The progressive institution feels that the atmosphere must be normal, that the children must lead normal lives, dress as do any other children in the community, play as do other children, have the responsibilities that normal children have-- the whole emphasis being on the normality of the children. Such a progressive institution is preparing the children for return to a self-supporting status in the community.

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# THE SOCIAL SECURITY PROGRAM FOR CHILDREN

## MATERNAL AND CHILD-HEALTH PROGRAMS: WHAT IS BEING DONE

*A cooperative plan for providing care for all mothers and infants in a rural county* A large rural county in New Jersey has developed a cooperative plan for providing adequate care for all mothers and infants. A prenatal center under the charge of obstetricians who are paid for their services from maternal and child-health funds has been established in a local hospital. Obstetric consultation is provided for the local physicians attending mothers in the low-income group. Home delivery nursing service is supplied for patients delivered in their homes by local physicians.

Well-baby conferences staffed by local physicians who are paid for their services have been established in three sections of the county. This program has the active cooperation of the State and county medical societies.

*Hospital centers for the care of premature infants* In Massachusetts the law requires the prompt reporting of the birth of a premature infant in a place other than a hospital or institution equipped to care for premature infants. Incubators are provided for the transportation of the premature infant to a hospital premature center, and his care in the hospital is paid for from public funds if the parents are unable to pay. Forty-two hospital premature centers have been established and 27 more are planned for this year. The establishment of a center is arranged between representatives of the hospital and the State division of maternal and child health and public-health nursing. The standards of care set up are the same as those used in Chicago (see "A City-Wide Plan for the Reduction of Deaths Associated With and Due to Prematurity," by Julian H. Hess, M.D., *Journal of Pediatrics*, vol. 8, no. 1 (January 1936), pp. 104-110).

Institutes for teaching modern methods in the care of premature infants to public-health and hospital nurses have been provided for from maternal and child-health funds.

*Maternal-care demonstration* In Georgia, in a rural county where both the infant and the maternal mortality rates are high, and in which 42

percent of the deliveries are attended by midwives, an intensive maternal-care program is being carried out through the local health department. It is planned to work out in this county methods applicable to other areas with similar problems.

Prenatal and postnatal clinics, staffed by an obstetrician on the health-department staff, have been established at strategic points to give care to all patients of midwives and to patients of physicians if they desire it. Midwives are required to send their patients to these clinics.

A complete program of midwife control, instruction, and supervision is being developed. The obstetrician is available for delivery of all midwife cases deviating from normal. He is also available for consultation to physicians upon request. Home delivery nursing service is available to physicians conducting home deliveries. Services of local registered nurses at time of delivery are utilized to supplement the health-department nursing staff. Sterile packs are provided for the use of physicians in home deliveries and certain sterile supplies are provided for the use of midwives.

*Combined program of public health and medical care* In a South Dakota county having an area of 2,632 square miles and a population of about 3,000 persons, there was no practicing physician and only one graduate nurse. The nearest railroad was 60 miles and the nearest hospital was 70 miles from the county seat, in another county. Maternal and child-health funds have been used to pay a physician and a public-health nurse to conduct a generalized program of maternal and child health. The county commissioners agreed to pay \$100 a month toward the support of the unit in return for the doctor's services to patients on relief. Patients able to pay for the physician's services are required to do so. The county has equipped a small center with 5 beds to expedite the giving of medical care by the unit in cases of acute illness. There is an agreement with a surgeon and with the hospital 70 miles away to provide care for patients requiring surgical treatment.

All payments for care at the center are turned over to the county treasury to be used for further support of the center. The emphasis is on preventive procedures and public health. Last year, every expectant mother, except one, in the county was given prenatal care. Every child in the county has been immunized against diphtheria and has

been vaccinated. The local Red Cross chapter has provided funds for the correction of physical defects in children. There is a county advisory committee and a hospital auxiliary committee made up of representatives from each township. The committee has raised sufficient money to supply dressings, and to buy a stove and an electric refrigerator.

## PRECAUTIONS TO BE OBSERVED AGAINST INFANTILE PARALYSIS<sup>1</sup>

The number of cases of poliomyelitis reported to the United States Public Health Service for the 4-week period ended July 16 was the lowest reported since 1929.<sup>2</sup> In the late summer and fall an increase in the number of poliomyelitis cases usually can be expected. The question of prevention is therefore a pertinent one.

*A warning to parents* Among preventive measures tried during past epidemics of infantile paralysis have been the use of blood serum from adults or from patients who have had the disease, inoculation with special types of vaccines, and the use of special nasal sprays. Dr. J.P. Leake of the Public Health Service, who has made a study of the subject for a number of years, reports that up to the present time it does not appear that the use of adult blood serum or convalescent blood serum is of any definite value in preventing infantile paralysis. The use of vaccines, which has proved helpful in preventing other types of disease, has been disappointing in connection with infantile paralysis. The Public Health Service states that not only has the use of vaccines failed to prevent infantile paralysis but in a few instances the vaccine has appeared to cause the disease. There has been a great deal of publicity about nasal sprays, which have been used as a preventive in several localities during recent epidemics of infantile paralysis. But the

results have been inconclusive, if not actually discouraging. Dr. Leake is of the opinion, therefore, that the development of a specific preventive for poliomyelitis is a hopeful prospect rather than an accomplished fact. Many able scientists are continuing their efforts in this field, and it is hoped that at some not too future date a specific preventive for this disease may be available. Meanwhile, parents should be very careful about trying supposedly preventive measures that have not been definitely proved to be effective and safe.

*Safe preventive measures* Preventive measures that parents can safely observe during an epidemic of infantile paralysis are to protect children against undue fatigue or strain; to avoid unnecessary contact with or exposure to cases of illness; to keep slightly ill or feverish children quiet; to observe all quarantine rules; to call the doctor promptly upon noticing any characteristic symptoms; and to keep any sick child as quiet as possible.

*Symptoms of infantile paralysis* The time required for infantile paralysis to develop after a child has been exposed to it has not been definitely determined. Apparently it is from 5 to 10 days. Ordinarily, there are no symptoms during this stage, although there may be slight indisposition and sometimes a slight sore throat. The actual onset of the disease is usually sudden. There is fever; there may be vomiting, or stiffness of the neck, and in children, there may be convulsions.

The presence of these symptoms does not necessarily mean that the child has infantile paralysis. But any child with these symptoms ought to be seen by a doctor immediately.

<sup>1</sup>From one of a series of radio talks, "The Child Grows Up," given by members of the Children's Bureau staff on Saturdays at 9:30 a.m., broadcast by the National Broadcasting Co., over station WMAL, Washington, D.C. The following material was presented by Dr. Robert C. Hood, Director, Crippled Children's Division, United States Children's Bureau, on August 20, 1938.

<sup>2</sup>Later reports indicated a consistently low incidence in 1938. For the first 36 weeks of the year (Jan. 1-Sept. 10), the total number of poliomyelitis cases reported was 1,162 in 1938, compared with 5,512 in 1937.

*Treatment of infantile paralysis* In the past, paralysis has usually been the means of diagnosing poliomyelitis, but when paralysis occurs the disease is already well developed. In some cases, paralysis does not occur at all. It is very important to diagnose the disease as early as possible in order that treatment may have the maximum effectiveness. The muscles should not be stretched in the early stages of the disease. Infantile paralysis usually affects one limb, or an arm and a leg, generally on opposite sides of the body. The first paralysis is the greatest, and

all subsequent change is toward improvement. In the beginning the affected arm or leg is usually wrapped in cotton and placed at complete rest in splints. The doctor examines the muscles in the affected parts to make sure they are not over-stretched. After the limb has been kept at rest for a number of weeks and the pain and tenderness have entirely disappeared, the doctor will see that the limb is properly massaged and exercised. The muscles must be trained all over again, a very slow process, which should be carried on only by qualified physiotherapy technicians.

#### BOOK AND PERIODICAL NOTES (Social-Security Program for Children)

RECENT DEVELOPMENTS IN THE MATERNAL AND CHILD-HEALTH AND CRIPPLED CHILDREN'S PROGRAMS IN THE SOUTHERN STATES, by Frances C. Rothert, M.D. *Southern Medical Journal*, vol. 31, no. 6 (June 1938), pp. 692-697. Single copies of reprints available from the Children's Bureau while the supply lasts.

This paper was read before the Section on Public Health, Southern Medical Association, Thirty-first Annual Meeting, New Orleans, La., in December 1937 by Dr. Rothert, regional medical consultant of the United States Children's Bureau for the Southern States. It describes the great extension of both maternal and child-health and crippled children's programs in the South under the Social Security Act.

In addition to the services of a full-time medical director [now provided in every State], special consultation services by qualified specialists in obstetrics and pediatrics have been made available to local practitioners in a number of States. Every Southern State has had some program of obstetric and pediatric postgraduate courses within the last 2 years. Four Southern States have nutritionists. Public health nursing, health-education, and dental-health programs have been greatly extended.

Programs for the care of crippled children have been established, Dr. Rothert reports, in all but two of the Southern States. More children, especially from the poorer counties, are being treated and more complete care is being given to individual children. In many States registers are being completed that will include every crippled child in the State. The poliomyelitis epidemics

in several Southern States have focused attention on the need for services that will prevent crippling and have brought about considerable increase in services to the child in his own home.

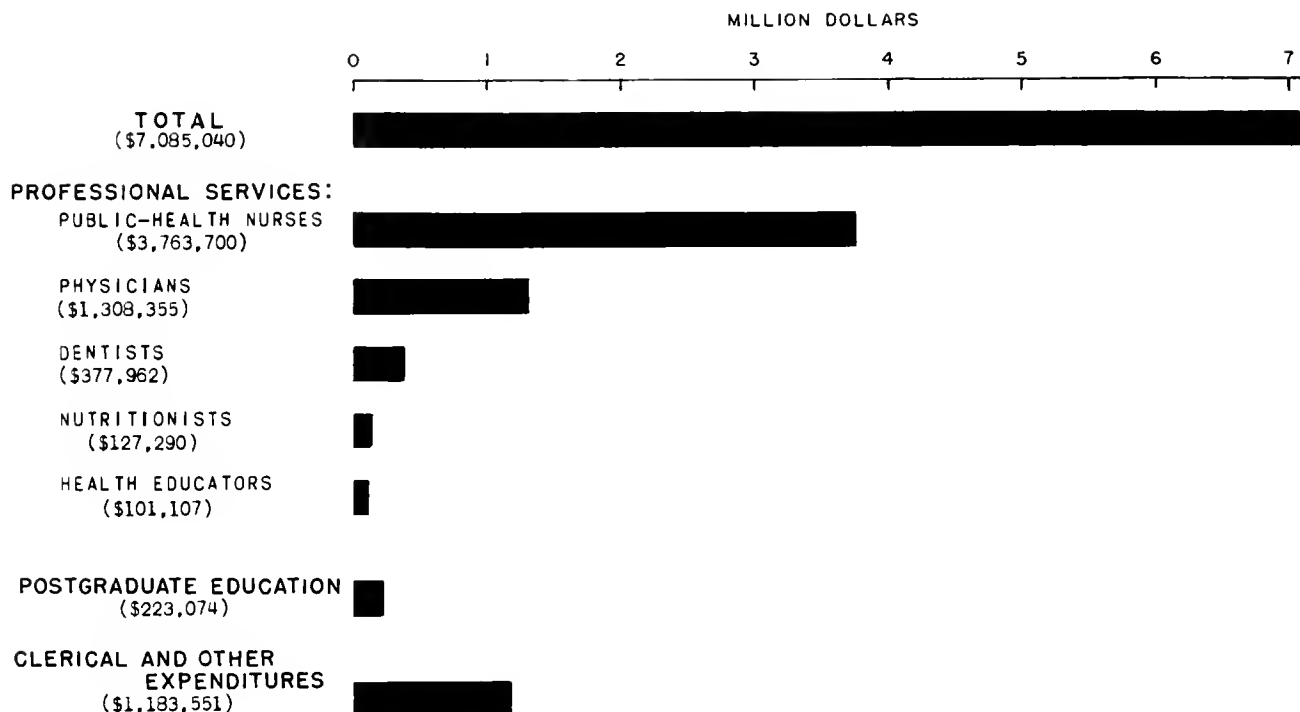
SERVICES FOR CHILDREN IN THE STATE OF WASHINGTON, April 1, 1937--March 31, 1938. State Department of Social Security, Division for Children, Olympia, July 1938. 16 pp. plus tables.

This report, covering the first year of operation of the new Division for Children, one of six divisions in the State department of social Security established in the State of Washington by legislation in April 1937, summarizes the child welfare service program, aid to dependent children in their own homes, and the crippled children's program. Information is also given on the approval of child-caring agencies and institutions and on community organization for child welfare.

In regard to the child welfare service program it is stated that the number of cases of all kinds carried by the children's workers increased from 1,500 on April 1, 1937, to 3,500 on March 31, 1938. Nearly three-fourths of these children were supervised in their own homes.

Between January 1936 and March 1938, 1,940 crippled children received diagnostic-clinic services through the crippled children's program. Of these, 38 percent (731 children) were referred for treatment. About 600 of the children referred for treatment were found eligible for care under the crippled children's program. More than 400 of these have either completed treatment or are now receiving it.

**PROPOSED EXPENDITURES FOR PROFESSIONAL SERVICES AND EDUCATION**  
 UNDER STATE PLANS FOR MATERNAL AND CHILD HEALTH, FISCAL YEAR 1939



Proposed expenditures amounting to \$5,901,489 for professional personnel and services and postgraduate education under the 51 maternal and child-health plans have been approved by the Children's Bureau as of September 1, 1938, for the fiscal year 1939. The total amount approved for all purposes, including stenographic and clerical assistance and other expenditures, is \$7,085,040. This includes Federal funds and matching State and local funds only.

The amount proposed for professional services is \$5,678,415; that for postgraduate education is \$223,074; that for clerical and other expenditures, \$1,183,551.

Of the amount proposed for professional services the largest item is \$3,763,700 for salaries and travel of 2,716 public-health nurses. On State staffs are included 19 directors of public-health nursing, 5 assistant directors, 41 consultants, 77 supervisors, 29 advisory nurses, and 313 public-health nurses, many of whom have training in special fields; and on local staffs, 2,202 public-health nurses.

The proposed expenditure for physicians (\$1,308,355) includes \$1,021,212 for salaries and

travel of 412 staff physicians and \$287,143 for fees to local practicing physicians. The funds include a small part of the salaries of 11 State health officers and 195 local health officers and assistants and the salaries in part or in whole of 127 physicians on State staffs, 41 physicians on local staffs, and 65 part-time consulting physicians. Among the physicians are obstetricians, pediatricians, and a few specialists in other fields, including eye, ear, nose, and throat conditions, tuberculosis, psychiatry, immunology, and epidemiology, as well as administrative officials.

The expenditure allotted for dental services (\$377,962) includes \$297,867 for salary and travel of 116 staff dentists and dental hygienists and \$80,095 for fees to local dentists. For salaries and travel of 43 nutritionists, \$127,290 is allotted and for salaries and travel of 32 health educators, \$101,107.

The amount allotted for postgraduate education (\$223,074) is divided into the following items: medical, \$138,651; nursing, \$74,273; dental, \$8,765; and nutrition and health, \$1,385. This last item includes postgraduate education for nutritionists and health educators.



# MATERNAL, INFANT, AND CHILD HEALTH

## NEWS AND READING NOTES

*National Health Survey on illness among employed and unemployed*

"Illness Among Employed and Unemployed Workers" is the subject of Bulletin No. 7, Sickness and Medical Care

Series, National Health Survey, 1935-36 (U.S. Public Health Service, Washington, 1938; 13 pp.).

"Unemployed workers (15-64 years of age) are twice as likely to be disabled by illness on a given winter day as are employed workers," states the summary of this report. No attempt is made to trace the causal relationship between illness and unemployment, but "it is obvious that whether illness is the cause or the effect of unemployment, the excess of such illness among the unemployed constitutes a serious problem, especially since this group is least able to meet the cost of illness."

*Bibliographies on maternity care and on infant and preschool child revised*

The National Organization for Public Health Nursing has brought up to date its "Bibliography on the infant and Preschool Child" (July 1938, 8 pp.; mimeographed); and "Bibliography on Maternity Care" (July 1938, 6 pp.; mimeographed). These may be purchased at 10 cents each from the N.O.P.H.N., 50 West Fiftieth St., New York.

*Stuttering and speech correction studied*

Reprints have been received of two articles dealing with stuttering and speech correction

by H.J. Heltman, School of Public Speech, Syracuse University. "Psycho-Social Phenomena of Stuttering, and Their Etiological and Therapeutic Implications" (*Journal of Social Psychology*, vol.

9, 1938, pp. 79-96) examines the nature of stuttering, its causes, and methods of therapy. The author's experience has convinced him that stuttering is psychogenetic, that it is a "social trait" and in no sense an idiosyncrasy, and that "any effective general therapy must be built on the social factors or stimuli, which determine the variations in mode of speech between individuals in any colloquial environment."

In the second article, "A Practical Program of Speech Correction" (*American School Board Journal*, June 1939), Mr. Heltman outlines a suggested program of teacher training in speech correction. Training courses in speech correction for teachers in elementary schools were begun by the author in 1924 in order to reach more children than could be handled in the speech clinic itself, and he has found them of great practical value.

*National health insurance in Australia*

The Parliament of the Commonwealth of Australia has passed a "bill for national health and

pensions insurance, "according to a communication from the Australian correspondent of the *Journal of the American Medical Association* (vol. III, no. 3 (Aug. 20, 1938), p. 733). The plan will go into operation in January 1939. More than 80 percent of the population is included in the program. The correspondent states:

A royal commission is to be appointed to investigate fully the question of capitation fees payable to practitioners working under the scheme, and the British Medical Association in Australia is collecting statistical evidence to present to the commission in support of its claims for a higher capitation fee than that originally proposed by the Government.

## BOOK AND PERIODICAL NOTES

THE NEW BABY, by Evelyn S. Bell and Elizabeth Faragoh. J. B. Lippincott Co., Philadelphia. 1938. \$1. Pages not numbered.

In carefully considered photographs, with a minimum of text, this picture book tells the story of a 4-year-old boy named Jack and his baby sister. The book was prepared by a nursery-school teacher and a parent for the use of the mother of

one of the nursery-school children. It pictures the preparations, in which Jack took his part, of the clothes and bed for the coming baby; the explanation of the baby's origin and growth; and Jack's small but important share in bathing and caring for the baby after its arrival. It is appropriate to be shown and read to preschool children.

A SURVEY OF 447 MATERNAL DEATHS OCCURRING IN THE COUNTIES OF MARYLAND DURING THE YEARS 1930-36 (INCLUSIVE), by C. H. Peckham, M.D. *American Journal of Obstetrics and Gynecology* (St. Louis, Mo.), vol. 36, no. 2 (August 1938), pp. 317-330.

Since Knox wrote a brief analysis of 241 maternal deaths occurring in the counties of Maryland, exclusive of the City of Baltimore, during the years 1927 to 1929, inclusive, the practice of making surveys on all maternal deaths in the counties of Maryland has been continued. During the 7-year period ended December 31, 1936, an additional 447 cases were recorded on survey blanks transmitted to the Maryland State Department of Health. These 447 maternal deaths do not include rural patients who were transported to Baltimore hospitals and died there.

Information is given on the race, age, parity, social [marital] status, prenatal care, place of delivery, place of death, duration of pregnancy, type of delivery, attendant at delivery, outcome to child, and cause of death of the patient.

The author gives it as his opinion that "approximately two-thirds of the 447 maternal deaths analyzed were strictly preventable, and that in many instances the patient herself was responsible through failure to seek and obtain prenatal care, while frequently the community was to blame because of the absence of local facilities for care."

Since the period covered by the survey prenatal care has been made available to women in isolated and rural districts throughout Maryland, the author points out, through prenatal clinics held regularly under the sponsorship of the bureau of child hygiene of the State Health Department, supplemented by home visits from public-health nurses.

DIAGNOSIS OF SYPHILIS IN NEWBORN INFANTS; use of quantitative Wassermann tests, by Amos W. Christie, M.D. *American Journal of Diseases of Children*, vol. 55, no. 5 (May 1938), pp. 979-988. Single copies of reprints available from the Children's Bureau while the supply lasts.

During a period of about 8 months quantitative Wassermann tests were made of the blood of every infant born in the wards of the Johns Hopkins Hospital whose mother was known to be syphilitic. Most of these mothers had received some treatment for syphilis. The initial tests of the blood of 43 infants were positive.

A group of 14 of these infants was studied over a period of 4 months by a quantitative Wassermann technique. The reactions of the blood of 11 infants became and remained negative, although none of the infants were treated for syphilis.

In the remaining 3 cases the reactions remained positive, clinical evidences of syphilis appeared, and the infants were placed under treatment.

The conclusion is drawn that a decrease in titer of circulating reagin shows that complement-fixing antibodies that have passed through the placenta are disappearing from the blood of the infant, so that treatment can be withheld safely. An increase in titer of circulating reagin means that the infant is manufacturing this substance, which is evidence of the infant's infection.

NEW RULES FOR FOOD AND DRUGS. *Consumers' Guide*, Consumers' Counsel Division, Agricultural Adjustment Administration, vol. 5, no. 6 (July 1938), pp. 3-7.

An interpretation of the provisions of the new Federal Food, Drug, and Cosmetic Act enacted June 25, 1938, is given in this article. Cosmetics are now included for the first time among articles subject to Federal regulation. Important improvements noted in the food sections of the law include authorization of the Secretary of Agriculture to promulgate (after public hearings) maximum amounts of "tolerances" for spray residues (on apples, pears, celery, and other fruits and vegetables crossing State lines) and other poisons in food; the provision for emergency-permit control of food manufacture, in cases where the processing or packing of food has become so contaminated as to menace public health; provision for promulgation of standards of identity for foods, which must be met if the product is to be entitled to be labeled "jam," "egg noodles," and so forth.

Of especial interest in connection with child health is the provision for adding the placing of metallic trinkets and other inedible substances in candy. Special dietary foods sold chiefly for children and invalids must carry informative labels showing just what mineral and vitamin and other dietary properties they contain.

The drug sections of the law are strengthened in many ways, and a number of new enforcement procedures are set up.

# CHILD LABOR

## SUMMARY OF STATE CHILD-LABOR LEGISLATION, September 1937 to September 1938

Several important laws affecting the employment of minors have been enacted by State legislatures during the past year, although only 8 legislatures have met in regular session. Wisconsin at a special session of the legislature in the fall of 1937 revised and strengthened its child-labor law. The most significant advances occurring in 1938 were the hours-of-labor laws enacted in South Carolina, Louisiana, and Virginia. Improvements were also made in State laws relating to street trades, compulsory school attendance, minimum-wage provisions, and apprenticeship. In addition several State legislatures memorialized the Congress of the United States to pass legislation relating to minimum wages, maximum hours, or child labor.

### *Minimum Age*

Wisconsin strengthened the minimum-age provision of its child-labor law by eliminating the exemption permitting children 12 and 13 years of age to work during vacation in specified nonfactory employments. Children of these ages are still permitted to work during vacation in work usual to the home of the employer, but not in work that is a part of the employer's business or profession. (*Wis., Laws of 1937, Special Session, ch. 6.*)

### *Hours of Labor and Night Work*

Further recognition of the need for protection of minors up to 18 years of age from too long hours of work is found in laws enacted in Wisconsin and South Carolina. Wisconsin, in amending its child-labor law, became the first State to adopt a maximum 40-hour week for minors of both sexes up to 18 in all gainful occupations except agriculture and domestic service. For minors under 16 years of age, who are prohibited from employment during school hours, a maximum 24-hour week was established. South Carolina passed a law prohibiting work of minors under 18 between the hours of 10 p.m. and 6 a.m. New York extended the application of the 8-hour day, 44-hour week, and 6-day week to minors under 16 in beauty parlors; and South Carolina, Louisiana, and Virginia enacted laws regulating hours of work for all employees

or for females, which have the effect of shortening working hours for minors.

South Carolina put into immediate effect a maximum 8-hour day, 40-hour week, and 5-day week for all workers in cotton, rayon, silk, or woolen textile establishments, embodied in an act passed in 1936, which was dependent for its effective date upon the enactment of similar legislation in North Carolina and Georgia. Certain employees, such as office and supervisory staff and repair shop crews, are exempted, and lost time may be made up under specified conditions. It is provided that the law become inoperative on May 1, 1939, unless in the meantime Congress shall have enacted similar legislation limiting weekly hours in these establishments to 40 per week.<sup>1</sup> In another law, South Carolina limited hours of work for all employees in finishing, dyeing, and bleaching plants to 48 a week and limited hours of work for female workers in garment factories to 8 per day, 40 per week; these provisions, however, like the maximum 8-hour day and 40-hour week set for employees in textile factories, are to become inoperative on May 1, 1939, unless Congress prior to that date enacts similar laws placing limitations at least as stringent upon hours of labor in these establishments. This law also establishes a 12-hour day, 36-hour week for all employees in mercantile establishments, restaurants and public eating places, laundries, dry-cleaning establishments, bakeries, mines, and quarries. Manufacturing establishments are also included except as they are subject to other provisions specifying shorter working hours. Many exemptions are permitted, however, and overtime may be allowed for a period not to exceed 30 days a year and at certain specified seasons, provided hours of work in excess of 56 hours a week are paid for at the rate of time and one-half.

In Louisiana an 8-hour day, 48-hour week, and 6-day week was established with exemptions for

<sup>1</sup>In June 1938, after this South Carolina law was passed, the Fair Labor Standards Act was enacted by Congress. This act establishes in interstate industries a basic 44-hour week, to be reduced to 40 hours at the end of 2 years, but permits overtime for extra pay.

all female workers in manufacturing, mechanical, mercantile, and other enumerated establishments. This standard replaces the former 9-hour day and 54-hour week.

In Virginia the maximum hours of employment are reduced from 10 to 9 per day and a 48-hour week established for all female workers. A maximum workday of 10 hours is permitted for 90 days a year in handling or redrying leaf tobacco during tobacco market seasons, in shelling or cleaning peanuts, and in shucking and packing oysters; other minor exemptions from the 9-hour day are permitted. (*Wis., Laws of 1937, Special Session, ch. 6; S.C., Acts of 1938, Act 1348, Act 759; N.Y., Laws of 1938, ch. 651; La., Acts of 1938, Act 363; Va., Acts of 1938, ch. 409.*)

#### *Hazardous Occupations*

The revision of the Wisconsin child-labor law resulted in increased protection for minors from hazardous occupations. An 18-year minimum age is established for employment in many hazardous occupations for which the Industrial Commission had formerly established a 17-year minimum. Girls under 21 are prohibited from employment as caddies; minor boys working as caddies are declared to be employees of the golf club or association operating the course and thus subject to the work-permit and other provisions of the child-labor law. The Industrial Commission is empowered to set up reasonable regulations relative to employment of boys under 18 as caddies and may waive the requirement for work permits. Permits are required for minors up to 18 years of age in public exhibitions instead of only up to 16 years as formerly, and a minimum age of 18 is set for performers in night

clubs, cabarets, roadhouses, and similar places. (*Wis., Laws of 1937, Special Session, ch. 6.*)

#### *Street Trades*

In New York the street-trades law which formerly applied only to cities having a population of 20,000 or more was extended to other cities and to union free school districts having a population of 4,500 or more and employing a superintendent of schools, provided the board of education of such city or district so determines. (*N.Y., Laws of 1938, ch. 282.*)

#### *Compulsory School Attendance*

The New York education law was amended to authorize boards of education in union free school districts having a population of 1,500 or more and employing a superintendent of schools to require minors 16 years of age who are not employed to attend full-time day instruction. Formerly this power was granted only to city boards of education. (*N.Y., Laws of 1938, ch. 355.*)

#### *Minimum Wage*

Minimum-wage laws were passed by two States, Kentucky and Louisiana. This makes a total of 25 States that now have minimum-wage legislation. The Kentucky law applies to women and to minors of both sexes, and that of Louisiana applies to women and girls. (*Ky., Laws of 1938, H.B. 363; La., Acts of 1938, Act 362.*)

#### *Apprenticeship*

Three States, Louisiana, Massachusetts, and Virginia, adopted laws authorizing systems of voluntary apprenticeship under State supervision. (*La., Acts of 1938, Act 364; Mass., Laws of 1938, ch. 448; Va., Acts of 1938, ch. 421.*)



## ACTION ON INTERNATIONAL CHILD-LABOR STANDARDS IN THE UNITED STATES

The International Labor Office draft convention fixing the minimum age for admission of children to employment at sea, revised in 1936 to raise the minimum age for such employment from 14 years to 15, was ratified by the Senate of the United States on June 13, 1938, with the understanding that it applies only to navigation on the high seas, and that it shall apply to all territory over which the United States exercises jurisdiction except the Philippine Islands and the Panama Canal Zone, with respect to which the United States Government reserves its decision.

Other maritime conventions, approved by Congress at the same time relate to holidays with pay for seamen; hours of work on board ship, and manning; minimum requirements of professional capacity for masters and officers on board merchant ships; and liability of the shipowner in case of sickness, injury, or death of seamen. A sixth convention concerning sickness insurance for seamen was not adopted.

In accordance with the requirement that conventions adopted by the International Labor Organization shall be submitted within a year to the

competent authority in each member State, the President of the United States sent to Congress two conventions adopted at the June 1937 session of the International Labor Organization. These conventions provide for a basic minimum age of 15 years instead of 14 for the employment of children in both industrial and nonindustrial occupations, exclusive of agricultural and maritime work. In addition they make provision for a higher minimum age for occupations that may be determined to be hazardous or injurious to the health and welfare of young workers.

The 15-year minimum-age standard set by these International Labor Office conventions as revised in 1937, is below the 16-year minimum-age standard set by the Fair Labor Standards Act of 1938. The latter, however, applies only to the productive industries--as factories, mines, and so forth--that ship goods in interstate commerce. For work in mercantile and other intrastate industries, the basic 15-year standard of the conventions is higher than that in effect in the large majority of States in the United States. None of the member countries has yet ratified these two conventions.

## NEWS AND READING NOTES

*June 1938 session of International Labor Conference reported*

A report of the June session of the International Labor Conference is given by John S. Gambs, Assistant United

States Labor Commissioner, Geneva, in the *Monthly Labor Review* for August 1938 ("Results of International Labor Conference, June 1938," *Monthly Labor Review*, vol. 17, no. 2, pp. 278-285).

The one convention that was drafted and adopted at this Conference aims to make statistics of hours of work and wages more easily comparable internationally. A great deal of preparatory work was done by the Hours of Work Committee, leading up to the sending of a questionnaire on this subject to governments of member States.

The Committee on Technical Education laid the groundwork for a recommendation to be submitted to member States for consideration with a view to national legislation. The discussions emphasized the importance of developing a coordinated policy

in regard to vocational education that would be in accordance with the interests of the worker as well as the requirements of industry and of national economy. The importance of avoiding premature specialization in the case of young workers was brought out, together with the importance of supplementary school education. The relationship of apprentice training to technical education was discussed at length.

*National Child Labor Committee publishes address of Homer Folks*

The address made by Homer Folks at the thirty-third annual luncheon of the National Child Labor Committee, held

in connection with the National Conference of Social Work at Seattle, Wash., June 29, 1938, has been published in pamphlet form by the National Child Labor Committee under the title "Changes and Trends in Child Labor and Its Control" (New York, 1938, 30 pp.).

# MIGRANTS AND THEIR PROBLEMS

## BOOK AND PERIODICAL NOTES

REFUGEE LABOR MIGRATION TO CALIFORNIA, 1937, by Paul S. Taylor and Edward J. Rowell. *Monthly Labor Review*, vol. 47, no. 2 (August 1938), pp. 240-250.

The State of origin, family composition and race, and the occupational status are shown for nearly 242,000 migrants "in need of manual employment" who entered California by motor vehicle during the 33 months ended March 31, 1938. The great majority (205,000) came from States affected by drought in a movement that remained fairly steady throughout the period, family groups predominating. Most of the migrants are of the white race, apparently of native American stock. Mexican migrants, who rank second in number, constituted only 4 percent of the total. Filipinos, representing 3 percent, are the only group traveling characteristically as single individuals rather than as families.

TYPES OF MIGRATORY FARM LABORERS AND THEIR MOVEMENT INTO THE YAKIMA VALLEY, WASH., by Richard Wakefield and Paul H. Landis. Reprinted from *Rural Sociology*, vol. 3, no. 2 (June 1938), pp. 133-144.

The migration routes of transient laborers interviewed in Yakima Valley, Wash., between July 1935 and July 1936 are mapped out in this article. The sample studied, which included 233 unselected cases (168 families and 65 single workers), included drought refugees, year-round agricultural workers, "old-time tramps," migratory family workers, and casual agricultural workers.

The family workers included in this survey drifted from job to job, picking berries, peas, hops, cotton--anything at which the whole family could work--often with a lapse of months between

jobs. The family earnings were low and even with the wages of all members of the family included were usually very little more than those of the single workers included in the study.

MIGRATORY FARM LABOR AND THE HOP INDUSTRY ON THE PACIFIC COAST, by Carl F. Reuss, Paul H. Landis, and Richard Wakefield. State College of Washington, Agricultural Experiment Station, Bulletin No. 363, Pullman, Wash., August 1938. 64 pp.

This study, which has special application to the problems of the Yakima Valley, Wash., covers the 1937 hop harvest. The information is based on interviews with about 400 hop pickers, with representative growers, and with persons acquainted with the placement, relief needs, and recreational habits of the transient hop pickers. Living conditions in the labor camps, working conditions, composition and social characteristics of the hop-picking population, and economic characteristics of the pickers are described.

One-eighth of the workers interviewed were children under 15 years of age, although the public schools of the county had already opened. A definite relationship was found between the age of the workers and the number of pounds picked in a day. Workers in the group 35 to 44 years of age averaged 100 pounds per day. Young workers 15 to 19 years of age averaged 91 pounds, children 10 to 14 years averaged 57 pounds, and youngsters 5 to 9 years, 45 pounds. The conclusion is drawn that "it seems doubtful whether large families who come to the hop fields in the expectation of putting their children to picking are actually as far ahead financially as they imagine themselves to be. It is certain that the child workers themselves are deprived of educational advantages."

# OF CURRENT INTEREST

## NEWS AND READING NOTES

*"Stories for Parents" series issued by Child Study Association*

To meet the need of parents whose limited educational background calls for a special approach, the Child

Study Association of America announces the publication of a series of 4-page leaflets under the general title of "Stories for Parents." These leaflets are prepared by Jean Schick Grossman and can be purchased from the Child Study Association of America (221 West 57th St., New York) at 5 cents each. They deal with subjects such as being considerate about not interrupting children unnecessarily in the middle of a game; giving full attention to children when they are trying to tell their experiences; keeping promises made to children; helping children to understand the difficulties parents sometimes have in supporting their families.

The material in these leaflets has developed out of the work of the Parent Education Department of the Summer Play Schools Committee of the Child Study Association and is designed for the use of social workers and teachers coming into contact with the parents of young children.

*League of Nations Child Welfare Information Center publishes summary of annual reports of Governments*

Summary of Annual Reports Received From Governments Between the Close of the First Session and the Close of the Second Session of the Advisory

Committee on Social Questions (May 1, 1937 - May 5, 1938) was published by the Child Welfare Information Center of the League of Nations under date of June 15, 1938 (C.81. M.36. 1938. IV. Geneva, 160 pp.).

This publication contains reports from more than 30 countries on legislative and administrative measures that were taken or were under consideration during the year.

The report from the United States covers births and maternal and infant deaths; maternal and child-health services; services for crippled children; child-welfare services; aid to dependent children; child labor; migrant families; and juvenile delinquency.

*Statistics of State school systems, 1935-36, available*

The United States Office of Education has issued "Statistics of State School Systems, 1936-36" as Bulletin 1937, No. 2 (Washington, 1938; 126 pp.). This will appear in the Biennial Survey of Education in the United States: 1934-36, as chapter II of volume II.

From 1930 to 1936 the enrollment in elementary schools for the Continental United States decreased 4.2 percent; from 1934 to 1936 the decrease was 1.8 percent. A decrease was reported for the 6-year period by 36 States and an increase by 12 States and the District of Columbia.

The high-school enrollment in 1936, on the contrary, exceeded the 1931 enrollment by 5.4 percent; the 1932 enrollment by 15.7 percent; and the 1930 enrollment by 32.5 percent.

The report includes special sections giving statistics of Negro schools (pp. 46-48) and some urban and rural school statistics (pp. 49-51).

*Separate on premature baby available*

The Premature baby, a separate from the 1938 revision of Infant Care (U.S. Children's Bureau Publication No. 8), is now available in pamphlet form (Washington, 1938; 12 pp.). This gives information on care of premature babies immediately after birth, keeping the baby warm, clothing, bathing, feeding, and protecting the baby from infection.

## CONFERENCE CALENDAR

- |            |  |            |   |
|------------|--|------------|---|
| Oct. 3-7   | National Recreation Congress. Twenty-third annual congress, Hotel William Penn, Pittsburgh, Pa. Information: National Recreation Association, 315 Fourth Ave., New York. | Nov. 14-16 | Fifth National Conference on Labor Legislation, called by the Secretary of Labor. Washington, D.C.  |
| Oct. 6-10  | Second Balkan Congress for the Protection of Children, Belgrade.   | Nov. 14-18 | Child Study Association of America. Fiftieth anniversary conference, Nov. 14 and 15. Institute, Nov. 16-18. Hotel Roosevelt, New York. Information: Mrs. Hawes Smith, Child Study Association of America, 221 West Fifty-seventh St., New York. |
| Oct. 9-13  | American Dietetic Association. Annual meeting, Milwaukee, Wis. Information: American Dietetic Association, 185 Wabash Ave., Chicago.                                     | Nov. 15-18 | Southern Medical Association. Thirty-second annual meeting, Oklahoma City, Okla. Information: C.P. Loran, Secretary-Manager, Empire Building, Birmingham, Ala.  |
| Oct. 24-28 | American Dental Association. Annual meeting, St. Louis, Mo. Information: American Dental Association, 212 East Superior St., Chicago.                                    | Nov. 20-23 | National Rehabilitation Association. Fifth general session. Miami Biltmore Hotel, Miami, Fla.   |
| Oct. 25-28 | American Public Health Association. Sixty-seventh annual meeting, Kansas City, Mo. Information: American Public Health Association, 50 West Fiftyeth St., New York.      | Dec. 12-14 | American Farm Bureau Federation, Associated Women. New Orleans, La.   |
| Nov. 6-12  | American Education Week. General theme: Education for tomorrow's America. Information: National Education Association, 1201 Sixteenth St., NW., Washington, D.C.         | Dec. 27-30 | American Statistical Association. One-hundredth annual meeting, Detroit, Mich. Information: F. F. Stephan, Secretary, 722 Woodward Bldg., Washington, D.C.  |





# REFERENCES TO THE LITERATURE ON PREMATURE INFANTS, 1928-38

## ABBREVIATIONS

<i>Acta Paediat.</i> - - - - -	<i>Acta Paediatrica</i>
<i>Am. J. Dis. Child.</i> - - - -	<i>American Journal of Diseases of Children</i>
<i>Am. J. Nursing</i> - - - - -	<i>American Journal of Nursing</i>
<i>Am. J. Obst. &amp; Gynec.</i> - -	<i>American Journal of Obstetrics and Gynecology</i>
<i>Am. J. Surg.</i> - - - - -	<i>American Journal of Surgery</i>
<i>Ann. Surg.</i> - - - - -	<i>Annals of Surgery</i>
<i>Arch. Dis. Childhood</i> - -	<i>Archives of Disease in Childhood</i>
<i>Arch. Pediat.</i> - - - - -	<i>Archives of Pediatrics</i>
<i>Brit. J. Child. Dis.</i> - - -	<i>British Journal of Children's Diseases</i>
<i>Brit. M.J.</i> - - - - -	<i>British Medical Journal</i>
<i>Bull. New York Acad. Med.</i>	<i>Bulletin of the New York Academy of Medicine</i>
<i>Canad. M.A.J.</i> - - - - -	<i>Canadian Medical Association Journal</i>
<i>Hosp. Management</i> - - - -	<i>Hospital Management</i>
<i>Illinois M.J.</i> - - - - -	<i>Illinois Medical Journal</i>
<i>J.A.M.A.</i> - - - - -	<i>Journal of the American Medical Association</i>
<i>J. Med.</i> - - - - -	<i>Journal of Medicine</i>
<i>J. Pediat.</i> - - - - -	<i>Journal of Pediatrics</i>
<i>J. Tennessee M.A.</i> - - - -	<i>Journal of Tennessee State Medical Association</i>
<i>Kentucky M.J.</i> - - - - -	<i>Kentucky Medical Journal</i>
<i>M. Clin. North America</i> - -	<i>Medical Clinics of North America</i>
<i>M. Officer</i> - - - - -	<i>Medical Officer (London)</i>
<i>M. Woman's J.</i> - - - - -	<i>Medical Woman's Journal</i>
<i>Minnesota Med.</i> - - - - -	<i>Minnesota Medicine</i>
<i>Monatschr. f. Kinderh.</i> - -	<i>Monatsschrift für Kinderheilkunde</i>
<i>New England J. Med.</i> - - -	<i>New England Journal of Medicine</i>
<i>New York State J. Med.</i> - -	<i>New York State Journal of Medicine</i>
<i>Pennsylvania M.J.</i> - - - -	<i>Pennsylvania Medical Journal</i>
<i>Pub. Health Nursing</i> - - -	<i>Public Health Nursing</i>
<i>St. Thomas's Hosp. Rep.</i> - -	<i>St. Thomas's Hospital Reports</i>
<i>South. M.J.</i> - - - - -	<i>Southern Medical Journal</i>
<i>Tr. Am. Hosp. A.</i> - - - - -	<i>Transactions of the American Hospital Association</i>
<i>Tr. Am. Pediat. Soc.</i> - - -	<i>Transactions of the American Pediatric Society</i>

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Administration of Thyroid Gland to Premature Babies, by A. Moncrieff. *Arch. Dis. Childhood* 13: 57-64, March.

Influence of Factors Before and at Time of Delivery on Premature Mortality, by B.B. Breese, Jr. *J. Pediat.* 12: 648-663, May.

Premature Infant Weighing 735 Grams and Surviving, by S.J. Hoffman, J.P. Greenhill, and E.C. Lundeen. *J.A.M.A.* 110: 283-285, January 22.

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Note.--In general this list includes only articles published in English within the past 10 years. A few foreign articles of particular importance have been added.

# Social Statistics

Supplement Number 1, September 1938

to

THE CHILD—Monthly News Summary

Volume 3, Number 3



Published by the  
**CHILDREN'S BUREAU**

U. S. DEPARTMENT OF LABOR

WASHINGTON, D. C.

# SOCIAL - STATISTICS SUPPLEMENT

Number 1

September 1938

TO

T H E C H I L D--MONTHLY NEWS SUMMARY, VOLUME 3, NUMBER 3

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

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UNITED STATES DEPARTMENT OF LABOR

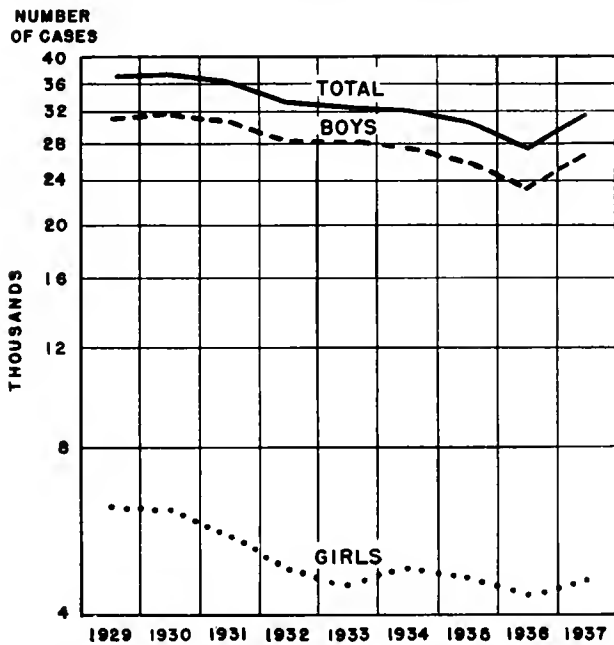
FRANCES PERKINS

SECRETARY

## JUVENILE-COURT STATISTICS, 1937.

In 1937 there was a reversal in the downward trend of juvenile-delinquency cases coming before the courts that report to the Children's Bureau.<sup>1</sup> This reversal follows decreases that have occurred each year from the peak year 1930 to 1936 (see chart 1). In view of the 6-year downward trend

CHART 1.—NUMBER OF BOYS' AND GIRLS' DELINQUENCY CASES DISPOSED OF BY 28 COURTS, 1929-37



and the fact that year-to-year comparisons are subject to many different factors, the significance of the increase in 1937 cannot be fully determined at the present time.

<sup>1</sup>Reports received on the number of dependency and neglect cases disposed of by the courts during 1937 reveal that there was also a reversal in the downward trend of these types of cases. In the areas served by 20 courts for which information is at present available for 1936 and 1937, the number of dependency and neglect cases dealt with in 1937 increased 25 percent as compared with 1936 (from 7,082 to 8,843). These figures, however, include only those cases of dependent and neglected children that require court action and are therefore dealt with by the juvenile courts.

In the areas served by 28 courts<sup>2</sup> that have reported to the Bureau each year since 1929, the number of delinquency cases in 1937 was 11 percent greater than in 1936<sup>3</sup> (31,038 as compared with 27,849) and almost 2 percent greater than in 1935.

In most of the 28 courts there was an increase in the number of delinquency cases dealt with in 1937 (see table 1, p.4). Only seven courts reported a smaller number of cases disposed of in 1937 than in 1936. In five of these courts the decrease amounted to less than 9 percent; in one small court, the decrease amounted to 18 percent. In one large court (Multnomah County, Oreg.) there was a decrease of 37 percent, caused primarily by changes that occurred during 1937 in the reporting procedures of the court. Of the 21 courts reporting increases from 1936 to 1937, 4 courts showed increases of less than 10 percent, 6 showed increases ranging from 10 to 20 percent, 7 showed increases of 21 to 30 percent, and 4 reported increases of more than 30 percent.

Information obtained from a number of courts indicates that a variety of factors contribute to the variations from year to year in the number of delinquency cases disposed of. Therefore it is uncertain to what extent the 1937 figures reflect an actual increase in juvenile delinquency in these areas. It is definitely known that the number of children brought before the courts is affected considerably by such factors as changes in the administrative procedures of the courts, changes in the policies of the police departments and other agencies in referring cases to the

<sup>2</sup>These 28 courts, located in 17 States and the District of Columbia, are scattered widely over the United States. Each serves an area of 100,000 or more population; the combined area comprises approximately 15 percent of the total population of the United States. The courts included are listed in table 1 (p.4).

<sup>3</sup>In the areas served by 336 courts in 25 States and the District of Columbia the number of delinquency cases increased from 63,706 in 1936 to 69,695 in 1937, or 9 percent.

Table 1.--Number of delinquency cases disposed of by 28 courts that reported throughout the period 1929-37

Area served by court	Delinquency cases disposed of			Area served by court	Delinquency cases disposed of		
	1935	1936	1937		1935	1936	1937
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)
Total cases.....	30,554	27,849	31,038	New York:			
Alabama:				Erie County.....	1,181	798	985
Mobile County.....	193	136	125	Monroe County.....	236	161	198
California:				New York (city).....	6,070	5,127	4,758
San Diego County.....	1,694	1,547	1,758	Rensselaer County.....	177	221	207
Connecticut:				Westchester County.....	358	337	351
Bridgeport (city).....	362	311	324	Ohio:			
District of Columbia.....	1,836	1,474	1,431	Franklin County <sup>a</sup> .....	491	413	625
Indiana:				Hamilton County.....	2,360	2,531	3,160
Lake County.....	380	288	235	Mahoning County.....	1,206	1,525	1,969
Marion County.....	1,118	1,035	1,082	Montgomery County.....	558	833	1,018
Iowa:				Oregon:			
Polk County.....	391	330	674	Multnomah County.....	969	1,068	672
Louisiana:				Pennsylvania:			
Caddo Parish.....	357	296	349	Allegheny County.....	796	900	1,312
Michigan:				Montgomery County.....	53	92	103
Kent County.....	444	476	521	Philadelphia (city and county).....	5,735	4,688	5,332
Minnesota:				South Carolina:			
Hennepin County.....	1,128	1,048	1,256	Greenville County.....	198	149	219
New Jersey:				Utah:			
Hudson County.....	649	464	533	Third district.....	964	846	1,073
				Virginia:			
				Norfolk (city).....	728	636	622
				Washington:			
				Pierce County <sup>a</sup> .....	95	119	146

<sup>a</sup>Includes only official cases because court did not report unofficial cases every year.

<sup>b</sup>Estimated figure. A large number of cases handled unofficially by this court were not reported to the Children's Bureau for the year 1936. This figure, therefore, includes an estimate for the unofficial cases based upon the proportion of total cases handled unofficially by the court during the 7-year period from 1929 to 1935.

courts, and changes in the relationship of the courts to the other agencies in the communities.

For example, the drop from 1935 to 1936 was accentuated by unusual factors operating in the two largest courts, New York and Philadelphia. The effect of changes in these courts upon the trend for the areas served by the 28 courts is evident from the fact that from 32 to 44 percent of the cases in these areas have been cases from these two courts. In New York, one of the factors which may have contributed to the decrease in 1936

was the establishment during that year of a Bureau of Adjustments designed to settle certain types of children's cases out of court. The number of delinquency cases disposed of by this court decreased from 6,070 in 1935 to 5,127 in 1936 (16 percent). The Bureau of Adjustments continued to operate in 1937, and the number of cases dealt with by the New York court continued to decrease, although the drop from 1936 to 1937 (5,127 to 4,758, or 7 percent) was not so great as the decrease from 1935 to 1936. In Philadelphia, the reduction in 1936



was caused primarily by the substantial drop in the number of cases referred to the court by the police. In this court the number of cases decreased from 5,735 in 1935 to 4,698 in 1936, the lowest figure recorded by the Philadelphia court since its establishment in 1914. In 1937, when the number of cases referred by the police rose, the total number of cases disposed of by this court increased from 4,688 to 5,332, although this number was still 7 percent below the 1935 level.

Table 2 shows the total number of boys' and girls' cases disposed of by the 28 courts in each year from 1929 to 1937. Boys' cases accounted for

**Table 2.--Number of boys' and girls' delinquency cases disposed of by 28 courts that reported throughout the period 1929-37**

Year	Delinquency cases disposed of		
	Total	Boys	Girls
(1)	(2)	(3)	(4)
1929.....	36,902	30,625	6,277
1930.....	37,570	31,480	6,090
1931.....	36,221	30,664	5,557
1932.....	32,955	28,106	4,849
1933.....	32,723	28,137	4,586
1934.....	32,179	27,296	4,883
1935.....	<sup>a</sup> 30,554	<sup>a</sup> 25,905	<sup>a</sup> 4,649
1936.....	<sup>a</sup> 27,849	<sup>b</sup> 23,527	<sup>b</sup> 4,322
1937.....	31,038	26,407	4,631

<sup>a</sup>Includes estimated figures for the Mahoning County (Ohio) Court (see footnote b, table 1).

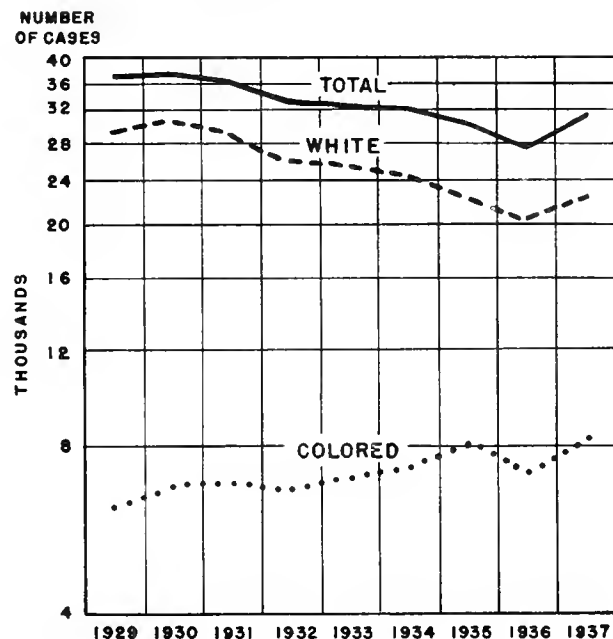
<sup>b</sup>Includes estimated figures for the Polk County (Iowa) Court for which final report had not been received.

85 percent of the total number of cases brought before these courts during 1937. The number of boys' cases increased 12 percent from 1936 to 1937, whereas the number of girls' cases increased only 7 percent. However, the number of boys' cases reported in 1937 was 16 percent less than the number reported in 1930, the peak year for boys' cases, and the number of girls' cases was 26 percent below the number for 1929, the peak year for girls' cases.

The number of cases of white and colored children dealt with by the 28 courts in each year from 1929 to 1937 is shown in chart 2 and table 3.

There was a gradual decrease in the number of cases of white children dealt with by these courts

**CHART 2.--NUMBER OF CASES OF WHITE AND COLORED CHILDREN DEALT WITH IN DELINQUENCY CASES DISPOSED OF BY 28 COURTS, 1929-37**



in each year from 1930 through 1936, whereas the number of cases of colored children gradually increased each year, except in 1932 and in 1936. In

**Table 3.--Race in delinquency cases disposed of by 28 courts that reported throughout the period 1929-37**

Year	Delinquency cases disposed of			
	Total	White	Colored	Race not reported
(1)	(2)	(3)	(4)	(5)
1929.....	36,902	29,489	6,284	1,129
1930.....	37,570	30,713	6,850	7
1931.....	36,221	29,244	6,961	16
1932.....	32,955	26,185	6,768	2
1933.....	32,723	25,844	7,079	.....
1934.....	32,179	24,717	7,462	.....
1935.....	30,554	22,445	8,109	.....
1936.....	<sup>a</sup> 27,849	<sup>a</sup> 20,564	<sup>a</sup> 7,285	.....
1937.....	31,038	<sup>b</sup> 22,673	<sup>b</sup> 8,365	.....

<sup>a</sup>Includes estimated figures for the Mahoning County (Ohio) Court (see footnote b, table 1).

<sup>b</sup>Includes estimated figures for the Polk County (Iowa) Court for which final report had not been received.

1937, however, there was an increase in the number of cases of both white and colored children; cases of white children increased 10 percent, whereas cases of colored children increased 15 percent.<sup>4</sup> More than one-fourth (27 percent) of the juvenile-delinquency cases dealt with by these courts in 1937 were cases of colored children.

Data regarding the age distribution and the reason for reference to court of the delinquency cases disposed of in 1937 are available for 27 of the 28 courts.

Table 4 shows the age distribution of boys and girls in the cases dealt with by these 27 courts during 1937. The distribution shows a wide

**Table 4.—Age of boys and girls when referred to court in delinquency cases disposed of by 27 courts in 1937**

Age	Delinquency cases disposed of					
	Number			Percent distribution		
	Total	Boys	Girls	Total	Boys	Girls
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total cases	30,364	25,868	4,496	.....	.....	.....
Age reported	30,303	25,812	4,491	100.0	100.0	100.0
Under 10 years.....	1,208	1,107	101	4.0	4.3	2.5
10 years, under 12.	3,065	2,864	201	10.1	11.1	4.5
12 years, under 14.	6,878	6,077	801	22.7	23.5	17.8
14 years, under 16.	15,396	11,171	2,225	44.2	45.3	49.5
16 years, under 18.	5,641	4,507	1,134	18.6	17.5	25.3
18 years and over	115	86	29	0.4	0.3	0.6
Age not reported.....	61	56	5	.....	.....	.....

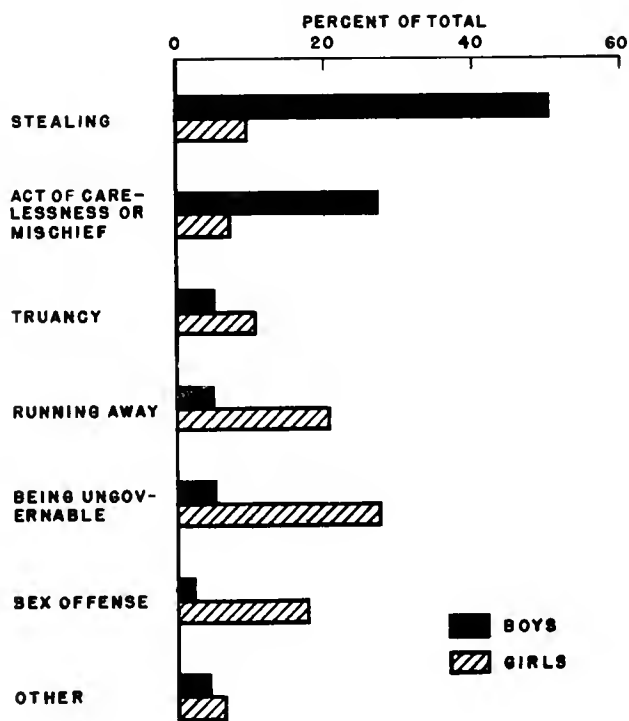
variation between the sexes, although the largest proportion of cases for both boys and girls was in the age group that included the 14- and 15-year-old children. The girls, however, were older on the average than the boys: the median age for the girls was 15.0 years; compared with the median age of 14.5 years for the boys. The proportion of

<sup>4</sup>The majority of the colored children were Negroes; in 1937 only 40 boys and 8 girls belonged to other races.

children 16 years of age and over is greatly affected by the limitations on the age jurisdiction of the courts. Fifteen of the 27 courts are authorized to deal with children over 16 years of age, and in these courts the number of cases of children over 16 constituted a substantial proportion of the total number of cases handled during the year. The age distribution of children dealt with in 1937 varied but little from the distributions noted in the years 1929 to 1936 with one exception: in 1937 there was a slightly larger proportion of cases of boys 16 and 17 years of age dealt with by these courts than in the previous years.

Table 5 (p.7) gives information regarding the reasons reported for referring boys' and girls' delinquency cases to the 27 courts in 1937. As would be expected, the reasons for which boys were brought before the courts differed considerably from the reasons for which the girls were brought into court (chart 3).

**CHART 3.—PERCENTAGE DISTRIBUTION OF REASONS FOR REFERENCE TO COURT IN BOYS' AND GIRLS' DELINQUENCY CASES DISPOSED OF BY 27 COURTS IN 1937**



In one-half of the boys' cases the referral was for some type of stealing and in more than one-fourth of the cases, for the commission of

acts of carelessness or mischief. Among the girls' cases, however, the largest proportions of referrals were for running away, for being ungov-

ernable, and for sex offenses. These three types of offenses accounted for 66 percent of all girls' cases.

Table 5.--Reason for reference to court in boys' and girls' delinquency cases disposed of by 27 courts in 1937

Reason for reference (1)	Delinquency cases disposed of					
	Number			Percent distribution		
	Total (2)	Boys (3)	Girls (4)	Total (5)	Boys (6)	Girls (7)
Total cases.....	30,364	25,868	4,496	.....	.....	.....
Reason for reference reported.....	30,144	25,748	4,396	100.0	100.0	100.0
Stealing.....	13,392	12,970	422	44.4	50.4	9.6
Act of carelessness or mischief and traffic violation.....	7,359	7,040	319	24.4	27.3	7.2
Truancy.....	1,856	1,377	479	6.2	5.3	10.9
Running away.....	2,188	1,277	911	7.3	5.0	20.7
Being ungovernable.....	2,573	1,365	1,208	8.5	5.3	27.5
Sex offense.....	1,369	596	773	4.5	2.3	17.6
Injury to person.....	668	573	95	2.2	2.2	2.2
Use, possession, or sale of liquor or drugs.....	134	93	41	0.5	0.4	0.9
Other.....	605	457	148	2.0	1.8	3.4
Reason for reference not reported.....	220	120	100	.....	.....	.....



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# Child

Monthly News Summary



OCTOBER  
1938

Volume 3  
Number 4

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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY



# THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 4

October 1938

## SOCIAL-SECURITY PROGRAM FOR CHILDREN

### THE PLACE OF DENTAL HYGIENE IN A MATERNAL AND CHILD-HEALTH PROGRAM<sup>1</sup>

BY KATHARINE F. LENROOT, CHIEF,  
U.S. CHILDREN'S BUREAU

Dental health occupies a peculiarly strategic place in the public-health movement, because of the universal need for preventive and remedial dental care and the two-way relationship between general health and nutrition, on the one hand, and dental health, on the other. So widespread are the needs for dental-health care and so general is the recognition of these needs that dentists have been prompt to recognize the necessity for community-wide dental-health programs, including universal dental care for children, and for Government participation which will help to make dental service available among all groups of the population. It was natural, therefore, that when special measures for the health and welfare of mothers and children were provided in the program of social security upon which the Federal Government, in cooperation with the States, embarked 3 years ago, the organized dental profession early manifested its interest and readiness to cooperate.

The overwhelming need for emphasis upon the preventive aspects of children's dentistry is indicated by surveys of the dental needs of children. The White House Conference on Child Health and Protection reported in 1930 that from 96 to 98 percent of the child population of the country suffered from major and minor defects of dental

occlusion. Nutritional deficiencies were held to be the major cause of dental disease. The Committee on Costs of Medical Care reported that there was a great deal of dental and oral disease in existence, among both children and adults, which was not receiving any treatment. That Committee showed that in a group of 34,897 white persons in 8,639 families studied in the years 1928 to 1931, the percentages receiving dental care increased markedly with rise in income. Of the children aged 3 to 15 years in families receiving less than \$1,200 a year, only 11 percent received dental care, whereas 62 percent of the children of this age group in families receiving incomes of \$10,000 or more received dental care.

A study of the dental health of school children conducted in Hagerstown, Md., in the spring of 1937 by the United States Public Health Service indicated that 30 percent of the dental professional services of the community would be required for 1 year to provide dental treatment for filling permanent teeth only for the entire population then in school. In contrast, only 2 percent of the dental professional services of Hagerstown, during the period to which the survey relates, were devoted to the school population.<sup>2</sup>

The Interdepartmental Committee To Coordinate Health and Welfare Activities, in a report on the

<sup>1</sup>Paper given before Children's Dentistry and Oral-Hygiene Section, American Dental Association, St. Louis, October 26, 1938.

<sup>2</sup>Public Health Reports (May 13, 1938) U. S. Public Health Service, Washington, D.C., pp. 751-765.

need for a national health program issued in February 1938, cited the findings of a Nation-wide survey in which dental defects were included to the effect that for every 1,000 children entering school there were approximately 1,300 dental defects that needed attention. In a later report placed before the National Health Conference, July 1938, this Committee stated that great need exists for early discovery of children with dental defects and for provision of proper treatment to prevent and to remedy serious impairment.

Dental health as part of a broad program of maternal and child health may be considered in six different, but interrelated, aspects as follows:

1. Research in the etiological factors in dental disease.

2. Health education of mothers and children, which includes the relation of dental health to general health and nutrition and the need for preventive dental service.

3. Specialized diagnostic, preventive, and remedial dental care in accordance with carefully developed plans in which the responsibilities and obligations of private practice and public-health administration are carefully defined and public programs are carried on under competent technical direction and with technical advisory service from representatives of the professions concerned.

4. Postgraduate courses for practicing dentists in the care of children's teeth.

5. Training of public-health nurses in the preventive aspects of dental health and its relation to general health and nutrition.

6. Participation of dental specialists in programs for the remedial care of physically handicapped children involving corrective work related to dental or orthodontic fields.

#### *Research*

The Federal Government has carried on comparatively little research in the causes and prevention of dental defects and disease. Some studies in this and related fields have been made by the United States Public Health Service and by the Bureau of Animal Industry, United States Department of Agriculture. The Children's Bureau in cooperation with the Yale University School of Medicine has made several such studies, especially in the field of the relation of rickets to skeletal development, including the development of the teeth.

The Children's Bureau's dental advisory committee has urged that funds for research be made available in order to evolve a more effective

program in dentistry. Experience under the social-security program, which has made available funds for grants-in-aid to the States with practically no expansion in resources for basic research in maternal and child welfare, indicates the necessity for presenting the need for research as of parallel importance, though not of equal cost, with the need for service. In his address to the National Health Conference the Surgeon General of the United States Public Health Service emphasized the vital function of research in any successful reduction of the present health hazards. He added: "Our search for new knowledge, for science, therefore, must be persistent, continuous, relentless."

#### *Health Education of Mothers and Children*

It is well recognized by those concerned with the advancement of dental health that health-education programs for mothers and children are a vital part of the program. Such education is carried on by National, State, and local agencies through printed material, through clinics and conferences, through home visits by public-health nurses, and in other ways.

#### *Specialized Diagnostic, Preventive, and Remedial Dental Care*

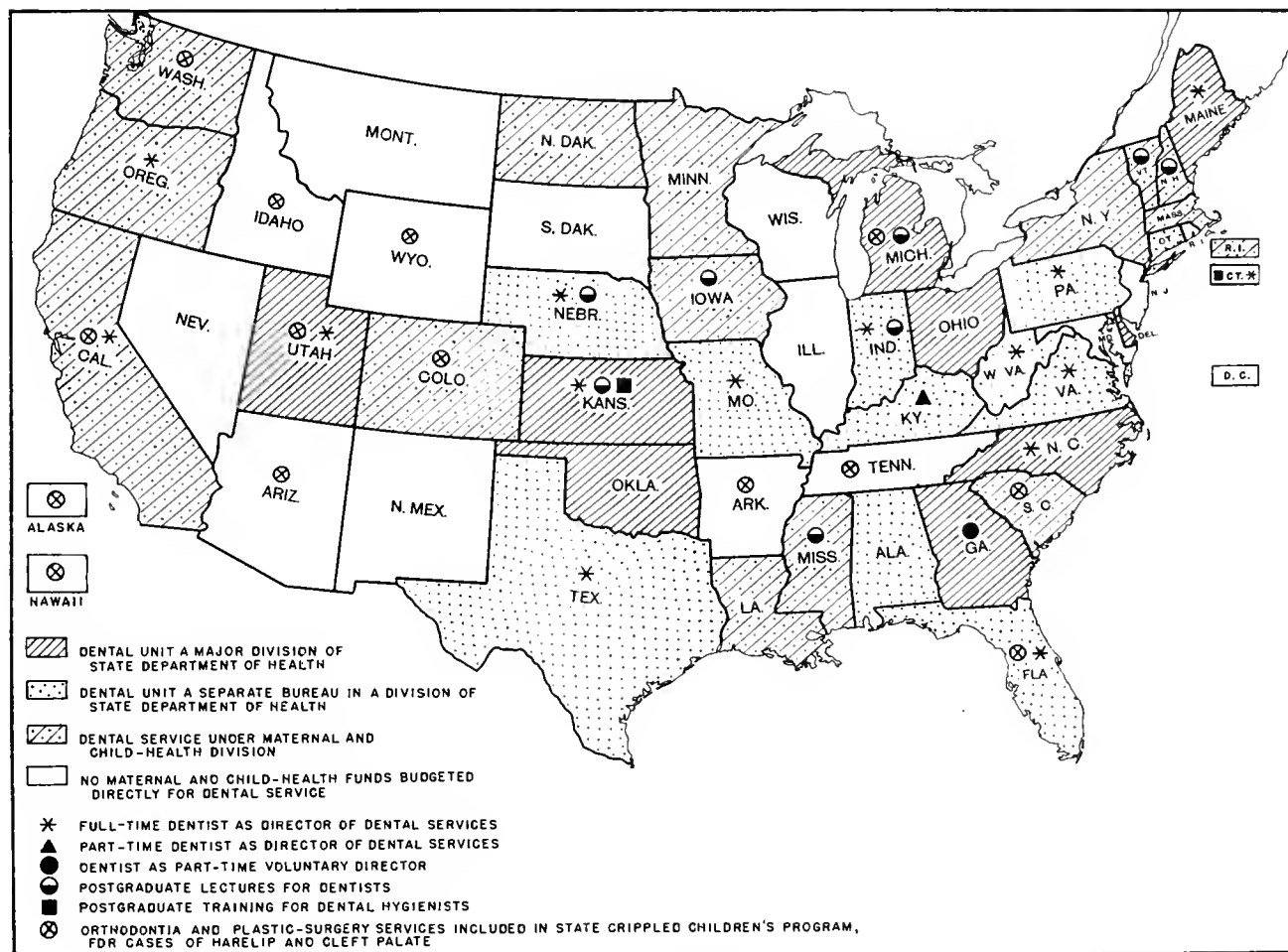
The maternal and child-health program administered by the Children's Bureau under title V, part 1 of the Social Security Act, includes maternal and infant care and care of preschool and school children. Dental-health service for mothers during the prenatal and postnatal periods and for preschool and school children has been regarded as an essential part of any comprehensive program for these population groups.

The Special Advisory Committee on Dental Health appointed for the Children's Bureau, with Dr. Guy S. Milberry of the University of California Medical Center as chairman, recommended, among other items, that dental activities in the field of maternal and child health should be concentrated on prenatal, infant, and preschool programs; that education, nutrition, and corrective services should be given consideration in the order of their importance in a dental program; that the qualifications of a director of a dental division



physicians conducting maternal and child-health conferences and clinics, nutritionists, public-health nurses, and health educationists, in addition to dentists and dental hygienists, is of special importance.

Amounts budgeted and approved for the fiscal year ending June 30, 1939, from Federal, State, and local funds for professional services included \$381,395 for salaries and travel of dentists, dental hygienists, and dental-health educators on State and local staffs and for recompense to local practicing dentists for part-time service.



Eight States included in their budgets postgraduate lectures for dentists, and two States included postgraduate training for dental hygienists. The total amount budgeted for dental service for the fiscal year 1939 was \$390,160 and was distributed as follows:

Full-time staff dentists (salaries and travel)-----	\$200,641
Part-time staff dentists (salaries and travel)-----	4,051
Payments to local dentists for services-----	79,138
Dental hygienists (salaries and travel)	92,465
Dental-health educators (salaries and travel)-----	5,100
Postgraduate lectures for dentists and dental hygienists-----	8,765
Total-----	\$390,160

State plans and budgets approved for the fiscal year ending June 30, 1939, show marked progress in dental-health programs, as well as in other phases of maternal and child-health services. The following facts, given briefly, are taken from these plans:

Dental Health in Maternal and Child-Health Programs, Fiscal Year 1939	
<i>Dental-health organizations in State departments of health:</i>	<i>Number of States</i>
Dental unit a major division-----	9
Dental unit a separate bureau in a major division-----	11
Dental service placed in division of maternal and child health-----	15
No dental service in maternal and child-health budget (though sometimes provided through other funds)-----	<sup>a</sup> 16
<i>Dental-health staff in State and local programs:</i>	
60 full-time dentists on State staffs (includes 15 State directors of dental service)-----	25
2 full-time dentists on local staff----	1
49 dental hygienists on State staffs---	12

<sup>a</sup>Including Alaska, Hawaii, and the District of Columbia.

The figures for the dental staff do not give the whole picture of dental service, since many States provided for part-time dentists on State and local staffs or for payments to local dentists for services (18 States).

Examples of dental programs as described in plans for the last fiscal year are as follows:

#### California

The dental program in California consists of three demonstrations, and includes both education and service. The educational program is directed toward teachers, pupils, and lay groups. The corrective work is limited to prophylaxis, extractions, and cement and amalgam fillings for children from 3 to 10 years in families unable to pay for dental service. Surveys will be made of dental conditions and needs in rural counties. A mobile trailer is used in the dental service.

#### Indiana

The Indiana dental-health program, first developed in May 1936, with the cooperation of the advisory committee of the Indiana State Dental Association and the unanimous approval of its trustees, is well known and has been followed to some extent in other States. It involves: (1) Organization of professional and lay services; (2) a mobile dental unit, providing dental care for children between the ages of 3 and 10 years whose parents are unable to provide for necessary dental care; and (3) educational work, including the distribution of free literature, work done by the mobile unit, and educational work in the schools.<sup>4</sup>

#### Iowa

The Iowa program is one of education and research. The research includes studies of dental fluorosis in school children in conjunction with the divisions of public-health engineering and preventable diseases; research on dental caries and other oral diseases; and research on the value of soy-bean meal in the prevention of dental defects.

The educational work consists of the preparation of a departmental booklet on dental health; newspaper articles on dental-health education; exhibits; talks for dentists and nurses. A film strip will be made on dental fluorosis, prophylaxis, orthodontia, and so forth. Refresher courses for dentists will be given.

#### Maine

The program in the State of Maine is purely educational, including projects in teacher-training schools and schools of nursing. The dental hygienists work with prenatal, infant, and pre-school groups, giving instruction and demonstration through prophylactic work. School work is done only in communities that deposit funds with the State treasury for dental-hygiene service. The division will endeavor to make dental-health work a part of the local school-health program. Consultation service is available for local dental hygienists.

<sup>4</sup>Mettel, Howard B., M.D., and Mary H. Westfall, D.D.S.: "Indiana's Dental-Health Program." *American Journal of Public Health*, vol. 28, no. 8 (August 1938), pp. 949-953.

### *North Carolina*

The North Carolina program includes both education and service. Staff dentists teach mouth hygiene in the public schools. As a background for this work, the dentists have had special training in children's dentistry, nutrition, child psychology, pedagogy, physical education, and public speaking. In addition to classroom teaching, lectures are given before lay groups, student groups and teacher-training institutions, and professional groups.

Dental corrections are done for needy children. Dental examinations are made for expectant mothers who attend the prenatal clinics and any necessary extractions are done for mothers who are unable to pay.

### *Utah*

From Utah a report has been received showing the accomplishments of the mobile dental unit from September 1937 to June 1939. Preschool clinics were conducted in 18 counties with 45 dentists participating. Figures for 7 of these counties showed that 2,016 children were examined, of whom only 271 were without dental defects. The number of corrections reported was 6,358. Of the children receiving care, 760 received free care; 532, care paid for in part; and 71, care paid for in full. It is planned that prenatal dental clinics will be held and that itinerant service for remote rural areas without dental facilities will be extended with the cooperation of the State dental association.

### *Postgraduate Courses for Practicing Dentists*

Reference has been made earlier to the postgraduate lectures in children's dentistry for practicing dentists, furnished in eight States and to the postgraduate training for dental hygienists provided in two States. The chairman of the children's dentistry and oral-hygiene section of the American Dental Association has conducted clinical conferences in children's dentistry in Alabama, Kentucky, Georgia, Missouri, Pennsylvania, Tennessee, and Utah under arrangements worked out by State health departments and by dental associations. Professional postgraduate training is provided in some States for dentists who are to engage in dental public-health work.

The effort to provide postgraduate training in children's dentistry for local practicing dentists should be extended throughout the country in view of the great need for specialized, up-to-date information on the prevention and treatment of dental defects and disease.

### *Training of Public-Health Nurses in Preventive Aspects of Dental Health*

The public-health nurse frequently must interpret to mothers and children the general principles

of dental hygiene in relation to general health and nutrition, and the importance of early discovery and treatment of dental defects. Under the Indiana dental-health program a series of concentrated courses in dental nursing has been developed at Indiana University School of Dentistry. Sixty nurses attended the first two courses offered, which included material on diet, nutrition, oral-health examinations, and other aspects of a dental-health program.

### *Participation of Dental Specialists in Programs for the Remedial Care of Physically Handicapped Children*

Definition of what constitutes a crippled child has been left, in general, to the States. Most State programs include not only orthopedic cases but also cases of harelip and cleft palate. In 43 States such cases are either specifically included in the administrative definition of a crippled child (20 States) or are specifically listed as accepted for treatment (23 States). In 3 other States the definition includes plastic conditions or abnormalities that can be benefited by plastic surgery. Only 1 State definitely excludes cases of harelip and cleft palate. In 3 States these cases are not specifically referred to in the plan. One State has not submitted a plan.

Orthodontia services are specifically provided in the 1939 plans for services to crippled children in 8 States, and such services are implied in the plans of 11 other States.

The 1939 State plans for services for crippled children show that in 9 States the general advisory committee includes a dentist who in some cases is an official representative of the State dental association, and that in 3 States the technical advisory committee includes such representation.

\* \* \* \* \*

In summary, the maternal and child-health program and the program of services for crippled children under the Social Security Act have made possible considerable advance toward the objective of community-wide dental-health programs for mothers and children. Activities under these programs are directed especially toward rural and

other needy areas. The interdependence between the general health and the dental health of mothers and children is recognized by the dental profession and by Federal and State official health agencies. Present funds available for public services to mothers and children are sufficient only to make a beginning in demonstrating the need and the possibilities of working out a practicable program under competent technical direction and with the cooperation of professional organizations and private practitioners. The need for an extended program of medical care, including dental care,

for mothers and children has been placed clearly before the public in the Children's Bureau Conference on Better Care for Mothers and Babies and in the National Health Conference. With resources now at hand major effort must be put on the promotion of general health and of good nutrition and on the prevention of rickets. Through actual experience can also be demonstrated the place of comprehensive dental health service in a general program of maternal and child health and in a specialized program of medical and surgical care for children suffering from physical handicaps.

\* \* \* \* \*

### NEWS FROM THE STATES

*Child-welfare news from Oklahoma* A cooperative plan has been worked out by the Oklahoma Commission for Crippled Children and the Division of Child Welfare of the Oklahoma Department of Public Welfare to provide convalescent care in Oklahoma City for crippled children from rural areas.

This provision is an effort to meet the special problems that arise when children are sent from rural counties to Oklahoma City for clinic examinations or for hospitalization. The Division of Child Welfare has accepted the responsibility of locating and supervising the boarding homes for convalescent cases in Oklahoma City. In some cases the children who attend the out-patient clinic are not in need of hospitalization but should remain in Oklahoma City for a period of observation. The Division of Child Welfare also assumes responsibility for providing foster homes for these children.

A number of homes in the new Indian resettlement project in southeastern Oklahoma have been located by the child-welfare workers for use as boarding homes for Indian children. The Office of Indian Affairs has a well-organized program of boarding-school care, but the child-welfare workers have been of assistance in arranging placements in foster homes for preschool children and for children presenting special problems.

From the five-county demonstration area in northeastern Oklahoma (see *The Child*, January 1938, for earlier reports), it is reported that a new service for the coming year is the addition of

a child-welfare worker with experience in the field of medical social work to cooperate with the expanded health-unit service, which is providing obstetric care for needy mothers. (*From report of Laura E. Dester, Supervisor, Division of Child Welfare of the Oklahoma Department of Public Welfare, to the Children's Bureau.*)

*Obstetrical nursing service in a rural county* After 10 months of preparation, a home delivery nursing service was put into operation in Pike County, Miss., on July 1, 1938, by the county health department as a demonstration service under the State plan for maternal and child-health services.

The county physicians cooperated with the committee planning the home-delivery service by registering obstetrical patients in advance over a period of several months. Calls are also received from prospective patients asking for the service, and from friends of patients who have been cared for. An arrangement has been made whereby the fire department receives and transmits emergency calls during the hours when the health department is closed.

During the first 2 months of operation, delivery nursing service was given to 20 mothers, and 87 other pregnant women were referred to the home-delivery service by county physicians. The nurses report that the nursing service is already showing results in more thorough prenatal examinations, more careful postnatal service, and increased attention to venereal-disease treatments for pregnant women in need of them.

## STATE REPORTS OF ACTIVITIES UNDER THE PLANS FOR SERVICES FOR CRIPPLED CHILDREN

Reports received by the Children's Bureau to July 31, 1938, on the direct services rendered to crippled children during the calendar year 1937 through the State agencies administering the plans show encouraging development of comprehensive programs worked out for crippled children under the Social Security Act. The total number of children on the registers of crippled children in 43 States, Alaska, and Hawaii was 130,610 on March 31, 1938.

A picture of actual activities for all the States from which reports for 1937 were received is given in the accompanying table. The maximum number of States that reported on any given item includes States that reported no service. The totals include some services provided by public and private agencies other than the agencies administering the plans for crippled children's services under the Social Security Act.

It is of interest to compare the total figures given for days' care in hospitals (1,322,750), in convalescent homes (380,331), and in foster homes (57,843). As facilities for convalescent-home and foster-home care are further developed, both in States now providing these services and in other States, and also as the services are broadened to include more nonsurgical cases, it is anticipated that the total number of days of convalescent care given will more nearly approach the number of days of care in hospitals. Similarly, a relative increase may be expected in the number of visits by physical-therapy technicians and medical social workers as compared with the number of visits by public-health nurses.

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SUMMARY OF ACTIVITIES FOR CRIPPLED CHILDREN REPORTED BY STATE AGENCIES FOR THE CALENDAR YEAR 1937<sup>1</sup>

Type of service	Number of --		
	Children cared for	Days' care	Visits made
Medical service in clinics (diagnostic or treatment)--	77,055	-----	193,928
Hospital care----	42,073	1,322,750	-----
Convalescent-home care-----	5,168	380,331	-----
Foster-home care-	1,107	57,843	-----
Public-health nursing-----	-----	-----	212,248
Physical therapy-----	-----	-----	187,250
Medical social work <sup>2</sup> :			
January-June-----		-----	47,573
July-December-----	4,773	-----	-----
Other social work <sup>2</sup> :			
January-June-----		-----	15,797
July-December-----	4,688	-----	-----
Reference to vocational-rehabilitation agency-----	3,654	-----	-----

<sup>1</sup>Preliminary figures, including corrections received in the Children's Bureau through July 31, 1938, and representing primarily activities of the official State agencies but including some services provided by other public and private agencies in the various States.

<sup>2</sup>Owing to revision of report forms, effective July 1, 1937, counts of individuals admitted to case-work service are available only for the last 6 months of the year.



# FEDERAL GRANTS TO STATES FOR MATERNAL AND CHILD-WELFARE SERVICES UNDER THE SOCIAL SECURITY ACT

FEDERAL FUNDS AVAILABLE AND FEDERAL FUNDS REQUESTED IN STATE PLANS APPROVED BY THE CHILDREN'S BUREAU  
FOR THE FISCAL YEAR ENDING JUNE 30, 1939, FIGURES AS OF OCTOBER 31, 1933

State	Maternal and child-health services		Services for crippled children		Child-welfare services	
	Federal funds for fiscal year 1939		Federal funds for fiscal year 1939		Federal funds for fiscal year 1939	
	Available <sup>a</sup>	Requested	Available <sup>b</sup>	Requested	Available <sup>c</sup>	Requested
Total-----	\$5,227,476.12	\$4,184,583.29	<sup>d</sup> \$4,501,130.47	\$3,198,029.94	\$2,521,240.18	\$2,150,633.80
Alabama-----	106,414.12	105,854.92	72,527.81	71,777.44	55,480.01	53,067.50
Alaska-----	73,695.49	38,691.63	62,785.55	6,400.00	19,569.43	15,442.31
Arizona-----	59,067.19	57,032.06	45,398.94	45,398.94	41,771.95	26,635.00
Arkansas-----	84,341.18	84,341.18	105,280.15	93,800.00	86,260.09	45,845.00
California-----	122,561.85	110,909.22	138,406.08	71,816.62	98,024.01	51,916.00
Colorado-----	91,489.62	67,060.84	65,296.31	44,459.46	28,219.85	27,170.00
Connecticut-----	59,820.78	55,026.70	118,637.56	54,000.00	35,016.51	19,175.00
Delaware-----	38,021.13	36,870.46	68,802.24	5,287.50	22,266.70	18,426.25
District of Columbia-----	51,528.27	51,528.27	56,171.84	56,171.84	19,830.91	16,429.99
Florida-----	106,315.92	106,315.92	60,449.86	<sup>e</sup> 40,299.91	26,443.93	26,425.00
Georgia-----	127,853.09	127,853.09	189,198.10	100,000.00	72,936.62	71,102.34
Hawaii-----	38,332.06	36,139.87	57,152.32	26,540.00	17,917.39	17,091.72
Idaho-----	57,364.09	48,824.53	45,591.80	28,730.00	24,487.43	20,970.00
Illinois-----	197,748.07	150,911.00	214,036.03	193,486.63	79,924.70	58,038.73
Indiana-----	103,804.63	88,865.33	140,879.53	101,730.00	67,178.20	67,163.85
Iowa-----	111,257.64	56,397.31	66,476.25	66,476.25	61,873.37	61,740.00
Kansas-----	114,415.52	94,458.63	54,860.95	54,860.00	49,077.96	38,755.00
Kentucky-----	109,764.74	96,921.46	81,112.62	81,112.62	64,756.98	64,016.50
Louisiana-----	105,223.95	104,278.36	142,896.36	(f)	46,356.09	44,610.00
Maine-----	72,889.89	59,216.56	49,815.91	45,811.71	34,476.28	31,475.00
Maryland-----	65,660.68	64,712.98	66,443.79	50,407.79	38,372.67	29,469.67
Massachusetts-----	86,402.94	86,402.94	91,645.67	91,645.67	37,777.98	28,890.00
Michigan-----	128,977.36	110,407.03	100,000.00	100,000.00	65,939.25	60,043.00
Minnesota-----	84,925.68	84,925.68	77,171.33	77,171.33	41,037.22	40,675.00
Mississippi-----	107,401.82	97,840.50	117,126.28	37,866.43	79,021.31	55,476.00
Missouri-----	146,461.52	119,774.17	63,446.10	62,404.98	58,578.76	52,417.16
Montana-----	65,709.25	52,476.63	45,729.54	45,500.00	23,500.00	23,500.00
Nebraska-----	133,759.16	29,254.96	54,496.49	54,496.49	43,522.97	36,150.00
Nevada-----	100,137.57	39,468.88	62,887.52	1,000.00	13,316.06	13,205.00
New Hampshire-----	63,427.02	37,152.34	70,340.35	11,900.00	16,384.64	12,428.33

New Jersey-----	85,248.90	84,479.25	120,207.11	105,092.50	45,151.58	34,980.00
New Mexico-----	80,603.31	80,603.31	45,037.96	41,070.00	19,854.14	12,857.00
New York-----	301,472.32	204,300.00	272,034.42	156,186.00	112,442.26	112,337.50
North Carolina-----	138,488.18	130,029.00	98,041.86	96,537.05	77,624.15	76,599.25
North Dakota-----	73,993.44	53,431.23	51,352.54	40,655.00	34,963.99	32,940.00
Ohio-----	142,176.50	119,983.76	131,246.14	97,591.40	115,575.51	82,857.00
Oklahoma-----	114,354.14	91,902.89	77,543.52	77,543.52	68,490.51	65,485.00
Oregon-----	70,939.05	67,869.86	95,821.49	52,275.00	32,227.92	31,260.00
Pennsylvania-----	251,919.25	153,118.82	174,259.74	168,763.72	153,060.22	29,780.00
Rhode Island-----	42,393.37	32,175.00	53,511.48	23,880.00	19,709.45	15,830.00
South Carolina-----	106,329.11	103,814.05	74,569.90	66,555.59	40,467.47	39,140.00
South Dakota-----	86,711.45	48,214.52	31,437.52	25,000.00	25,913.76	24,212.00
Tennessee-----	100,519.68	89,224.45	125,101.61	77,725.00	75,662.51	70,510.00
Texas-----	258,559.58	210,051.42	154,390.83	152,456.45	128,019.49	107,755.00
Utah-----	62,470.80	47,479.57	38,418.90	38,418.88	25,798.92	21,785.00
Vermont-----	69,095.95	43,027.40	43,831.13	18,435.19	16,263.70	15,924.00
Virginia-----	96,042.65	95,062.97	73,378.46	73,378.46	46,442.42	46,122.70
Washington-----	65,049.76	53,705.94	52,265.38	35,812.81	25,132.94	25,110.00
West Virginia-----	103,820.54	74,029.67	57,645.66	45,646.76	39,029.50	38,815.00
Wisconsin-----	92,745.66	76,446.73	73,159.14	69,475.00	38,252.44	38,155.00
Wyoming-----	70,770.26	28,725.00	62,338.89	15,000.00	12,848.03	(f)

<sup>a</sup>Including allotment for fiscal year 1939 (\$3,800,000), the remaining portion of the 1937 and 1938 fund A allotments (\$916,590.51) not paid to States, and unexpended Federal funds in State on June 30, 1938 (\$281,283.11).

<sup>b</sup>Including allotment for fiscal year 1939 (\$2,850,000), the remaining portion of the 1937 and 1938 allotments (\$1,319,734.72) not paid to States, and unexpended Federal funds in State on June 30, 1938 (\$331,395.75).

<sup>c</sup>Including Federal funds available for grants for fiscal year 1939 (\$1,500,000), the remaining portion of the 1937 and 1938 allotments (\$725,799.21) not paid to States, and unexpended Federal funds in State on June 30, 1938 (\$295,440.97).

<sup>d</sup>Includes \$10,473.51 not yet allotted to States.

<sup>e</sup>Florida plan approved for 3-month period ending September 30, 1938.

<sup>f</sup>No State plan approved to date.

# MATERNAL, INFANT, AND CHILD HEALTH

## PAN AMERICAN SANITARY CONFERENCE

BY MARIAN M. CRANE, M.D., SPECIALIST IN CHILD HYGIENE,  
DIVISION OF RESEARCH IN CHILD DEVELOPMENT, CHILDREN'S BUREAU

The Tenth Conference of the Pan American Sanitary Bureau was held in Bogota, Colombia, September 4-11, 1938. The Pan American Sanitary Bureau is an organization of the American Republics for the purpose of preventing, by cooperative measures, the introduction of diseases from other countries and from one American Republic into another, and for the purpose of stimulating health authorities in all the Republics to greater efforts for the control and eradication of disease.

All but one of the 21 American Republics were represented at the Conference, most of them by public-health administrators. The United States was represented by Dr. Thomas Parran, Surgeon General of the United States Public Health Service, Dr. Edward C. Ernst and Dr. C. V. Akin of the United States Public Health Service, Dr. E. V. McCollum of the Johns Hopkins School of Hygiene and Public Health, Dr. W. A. Sawyer of the Rockefeller Foundation, and Dr. Marian M. Crane of the United States Children's Bureau. Edith W. Baker, Consultant in Medical Social Work on the staff of the Children's Bureau, served as technical adviser.

In the scientific sessions the various fields of public-health activity were considered separately. The delegates reported the progress made and special problems involved in their different countries. Special interest was shown in the reports concerning yellow fever and malaria because of the importance of these diseases in most of the American Republics. A resolution passed by the Conference recommended to the Nobel Prize Committee that the investigators who have made major contributions in yellow-fever research in the past 12 years be considered in the awarding of the Nobel prize. Among other subjects discussed were venereal diseases, tuberculosis, plague, leprosy, typhus, vaccines and sera, public-health organization, rural hygiene, maritime and aerial quarantine measures, virus diseases, and maternal and child health.

A Committee on Nutrition presented a report dealing with the work being done in this field in

the Americas and outlining the requirements for good nutrition. Colombia and Chile reported valuable studies of nutrition problems which are serious in both countries. Uruguay had an interesting exhibit showing the program for nutrition work in that country. Argentina has established an Institute of Nutrition for the training of personnel for nutrition work.

The final resolutions adopted by the Conference included the following, which relate to maternal and child health: A vote of confidence in the laws pertaining to child welfare adopted by the various Republics; a recommendation for the training of midwives wherever they are responsible for a large number of deliveries; a recommendation that birth registration be made compulsory in all the countries; and a recommendation that the principle of compulsory reporting of pregnancy be generally adopted.

The Third Pan American Conference on Eugenics and Homiculture was scheduled to meet immediately after the Sanitary Conference; but it was voted that hereafter the Conference on Eugenics and Homiculture should be a part of the Pan American Child Congress, and the program planned for Bogota was omitted.

Dr. Hugh S. Cumming, former Surgeon General of the United States Public Health Service, who represented the Pan American Sanitary Bureau at the Conference, was unanimously reelected Director of the Bureau, an office which he has held since 1929.

The local committee arranged for the delegates many interesting visits to the hospitals and other institutions in Bogota, and enabled them to see the public-health work that is being done there. Through the courtesy of the Director of Hygiene for the municipality of Bogota, the representatives of the United States Children's Bureau were given special opportunities to see the maternal and child-health work that has been developed within the last 4 years.



The municipality of Bogota conducts six child-health centers and two dispensaries for sick children. The child-health centers hold daily well-baby conferences, conduct day nurseries, and distribute prepared milk mixtures for infant feeding. At the dispensaries are held pediatric and dental clinics and nose and throat clinics at which tonsillectomies are performed. There is provision for a limited amount of home visiting by nurses from both the child-health centers and the dispensaries. Prenatal clinics are also conducted at the dispensaries and at some of the child-health centers.

Visits were also made to the Nurses' Training School at San José Hospital and to the School

of Social Service affiliated with the Colegio Mayor de Nuestra Señora de Rosario. Both these schools have been established approximately 2 years and are the first of the kind in Bogota. They are still small, but the directors hope to develop them along sound lines. The students are young women with sufficient educational and cultural background to establish a high professional standard in their work. The significance of this fact is evident when it is realized that it was only about 8 years ago that a young woman who took a teaching position was the first woman of the upper social class in Bogota to take any position outside the home or convent.

## BIRTH AND MORTALITY STATISTICS FOR THE UNITED STATES<sup>1</sup>

BY ELIZABETH C. TANDY, Sc.D.,  
CONSULTANT ON INFANT AND MATERNAL MORTALITY AND STILLBIRTH STATISTICS,  
DIVISION OF STATISTICAL RESEARCH, CHILDREN'S BUREAU

### *Birth Rates*

In the United States 2,144,790 infants were born alive in 1936, according to final figures made available by the United States Bureau of the Census. The birth rate (16.7 per 1,000 estimated population) was lower than that of any other year except 1933 (16.5) since the establishment of the birth-registration area. Had the 1915 rate (25.1) prevailed in 1936, there would have been more than 1,000,000 additional births during the year.

Provisional statistics for 1937 show that 2,201,609 live births were registered in 1937. The provisional birth rate was 17.0 per 1,000 estimated population. This is a higher birth rate than was recorded for the 2 years immediately preceding.

The question may well be raised, however, whether the number of births in the United States really increased in 1937. Many factors that have been operating in recent years have served to impress the adult population with the importance of birth registration; among the most important of these factors is the use of birth certificates in connection with proof of age for grants of assistance to dependent children and to the needy aged

and for retirement benefits—all three under the Social Security Act. The use of birth certificates for these purposes unquestionably has influenced many parents to see that the births of their children are registered.

### *Stillbirths*

During 1936, the latest year for which final statistics are available, 73,735 stillbirths were registered in the United States. The stillbirth rate was 34 per 1,000 live births, a rate somewhat lower than that of 1934 and 1935 (36 per 1,000 live births).

Statistics on stillbirths are still an unsatisfactory index of the loss of fetal life in State and Nation. There has been a growing movement toward the adoption of uniform standards as to period of gestation for which registration is required, but not all the States are using the standard period of 20 weeks or more gestation recommended by the subcommittee on stillbirths of the American Public Health Association. Also, the completeness of stillbirth registration for many sections of the country is seriously questioned.

It is believed, however, that the lower rate for 1936 may indicate a decrease in fetal mortality. The great growth of interest in the stillbirth problem during recent years probably has increased the frequency of registration. In addition

<sup>1</sup>In this research liberal use was made of data published by the Division of Vital Statistics of the U. S. Bureau of the Census and other agencies, as well as of material collected by the Children's Bureau.

to the study that the Children's Bureaus carrying on, several State-wide studies of stillbirths are under way. Also, many studies are being made by medical groups, especially by State and county committees affiliated with the American Committee on Maternal Welfare and with State and local medical societies.

#### *Infant Mortality*

The number of infants who died in 1936 before completing the first year of life was 122,535. The infant mortality rate was 57 per 1,000 live

#### *Maternal Mortality*

Although 12,182 women died from conditions directly due to pregnancy and childbirth during 1936, the maternal mortality rate for that year, 57 per 10,000 live births, was the lowest ever recorded in the United States. This was the seventh consecutive year in which the maternal mortality rate slightly decreased.

The maternal mortality rate of the United States, however, continues exceedingly high as compared with the rates of most foreign countries.

DISTRIBUTION OF LIVE BIRTHS, STILLBIRTHS, AND MATERNAL DEATHS,  
BY AGE OF MOTHER; UNITED STATES

Age of mother	Live births (1936)		Stillbirths (1935)		Maternal deaths (1936)	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total-----	2,141,790	100	77,119	100	12,182	100
Under 15 years-----	2,938	(a)	211	(a)	35	(a)
15 to 19 years-----	269,223	13	10,272	13	1,397	11
20 to 24 years-----	667,019	31	19,786	26	2,556	21
25 to 29 years-----	565,830	26	16,676	22	2,743	23
30 to 34 years-----	353,834	16	12,728	17	2,388	20
35 to 39 years-----	206,034	10	9,979	13	1,954	16
40 years and over-----	75,285	4	4,993	6	1,097	9
Not reported-----	4,627	(a)	2,474	3	12	(a)

<sup>a</sup>Less than 1 percent.

births--a rate higher than that of 1935 (56) but lower than that of any prior year. Although the rate for 1936 is not entirely comparable with that for the birth-registration area in any year before 1933 (the first year in which the entire continental United States was included in the area) there is no question that infant mortality has decreased greatly during the period of record. Had the 1915 rate (100 per 1,000 live births) prevailed in 1936, about 92,000 more infants would have died during their first year of life.

The provisional statistics on infant mortality for 1937, issued by the Bureau of the Census, show that 110,760 infant deaths were registered in 1937 and that 2,775 fewer infants died in 1937 than in 1936. The provisional rate for 1937 is 54 per 1,000 live births. This suggests that the final rate will be the lowest on record and that in 1937 the saving in infant lives as compared with previous years not only has continued but has substantially increased.

Of 24 countries for which information is available for 1934, 1935, 1936, or 1937, only 4 have higher maternal mortality rates than the United States. These 4 countries include Chile (98 per 10,000 live births, 1937 provisional rate), Lithuania (61 in 1936), Northern Ireland (61 in 1936), and Australia (60 in 1936).

The European countries with the lowest rates are: Norway (23 per 10,000 live births, 1935), Netherlands and Italy (30, 1936 provisional rate), Irish Free State (32 in 1937), and Sweden (33 in 1934).

The differences in procedures in assigning cause of death are not sufficient to account for the high rate in the United States as compared with most foreign countries.

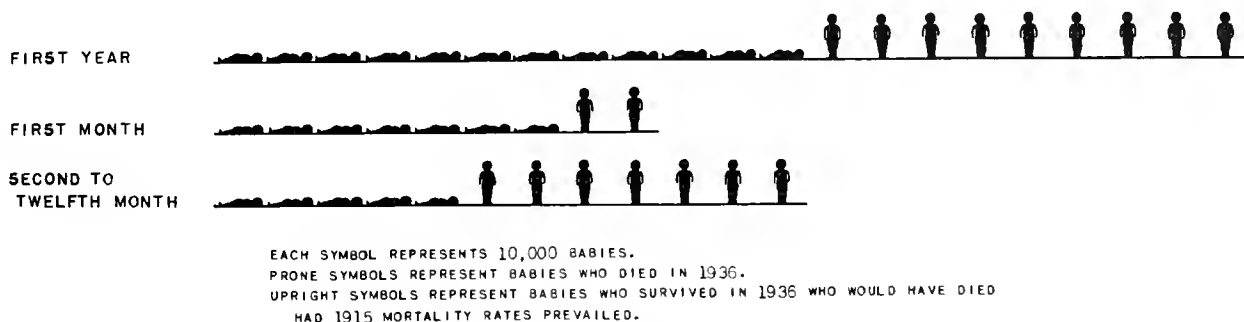
#### *Age Variations*

The number and percentage distribution of live births, stillbirths, and maternal deaths by

age of mother are shown in the accompanying table. Thirteen percent of the live births in 1936 were to mothers under 20 years of age; 57 percent, to mothers 20 to 29 years of age; 26 percent, to mothers 30 to 39 years of age; and 4 percent, to mothers 40 years of age or over.

1,000 live births. The lowest maternal mortality rate (38 per 10,000 live births) was for mothers 20 to 24 years of age; the highest (146) for mothers 40 years of age or over. The rate for mothers under 15 years of age was 119 per 10,000 live births.

#### SAVING OF INFANT LIVES IN 1936 AS COMPARED WITH 1915

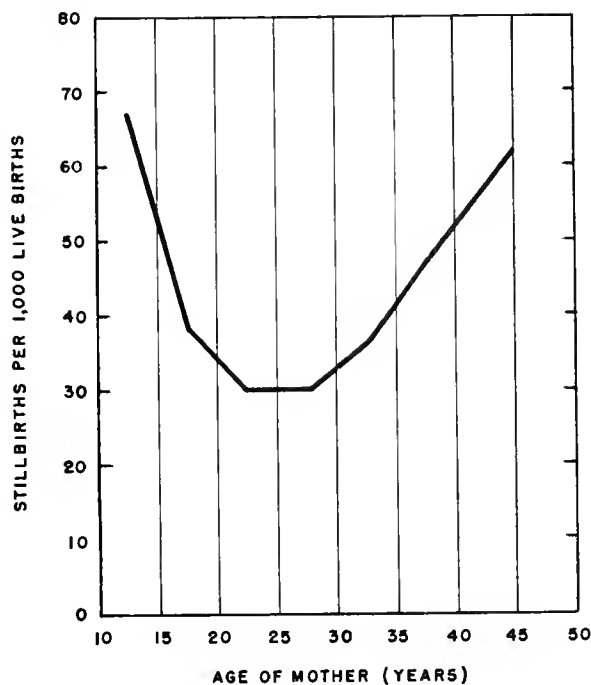


Of the stillbirths registered in 1935 (information is not yet available for 1936), 13 percent were to mothers under 20 years of age; 18 percent were to mothers 20 to 29 years of age; 30 percent were to mothers 30 to 39 years of age; 6 percent to mothers 40 years of age or over (3 percent were to mothers for whom age was not reported).

Of the 12,182 women who died from conditions directly due to pregnancy and childbirth in 1936, 11 percent were under 20 years of age; 44 percent were women 20 to 29 years of age; 36 percent were women 30 to 39 years of age; and 9 percent were women 40 years of age or over.

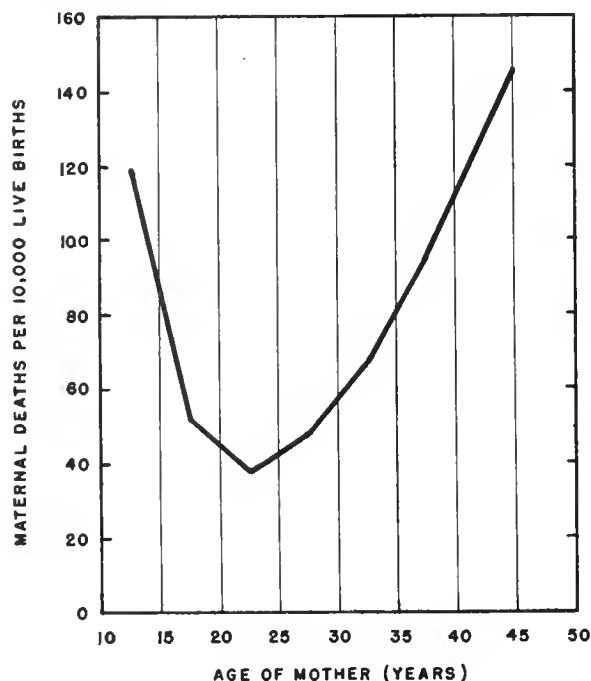
The stillbirth rate and the maternal mortality rate by age of mother (figures 2 and 3) are higher for extremely young mothers and for mothers 40 years of age or over than for mothers between the ages of 15 and 40 years. The highest stillbirth rate (67 per 1,000 live births) was for mothers under 15 years of age and the lowest (30) was for mothers 20 to 29 years of age. The rate for mothers 40 years of age and over was 62 per

FIGURE 2.—STILLBIRTH RATE BY AGE OF MOTHER, UNITED STATES, 1935



The United States Bureau of the Census does not compute statistics on infant mortality by age of mother. Special studies<sup>2</sup> have shown that mortality is higher among infants of mothers under 20 years of age than among infants of mothers of any age from 20 to 39 years. Infants of mothers 40 years of age or older have a mortality about as high as that of infants of very young mothers.

FIGURE 3.—MATERNAL MORTALITY RATE BY AGE, UNITED STATES, 1936



#### Causes of Death

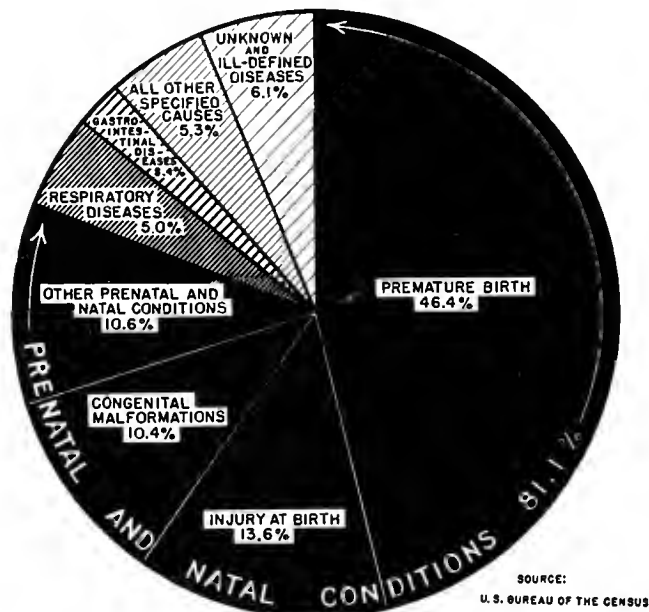
More than half (52 percent) of the 122,535 infants who died in 1936 died from prenatal and natal conditions; 18 percent, from respiratory diseases; 11 percent, from gastrointestinal diseases; 3 percent, from epidemic and communicable diseases; 10 percent, from other specified causes; and 6 percent, from unknown and ill-defined diseases.

Of these infant deaths, 69,869 (57 percent) occurred in the first month of life; 52,666 (43 percent), in the second to the twelfth month. The mortality rate during the neonatal period (first month of life) for all infants born alive was 33 per 1,000 live births; that for infants who survived the first month of life was 25 per 1,000.

<sup>2</sup>Causal Factors in Infant Mortality, p. 191 (table 14). U.S. Children's Bureau Publication No. 142. Washington, 1925.

Deaths in the first month of life, as shown in figure 4, were due mainly to prenatal and natal conditions. Respiratory diseases were second in importance; gastrointestinal diseases, third.

#### CAUSES OF NEONATAL MORTALITY UNITED STATES, 1936



SOURCE:  
U. S. BUREAU OF THE CENSUS

Premature birth, by far the most important single cause of death in the first month of life, was responsible for 46 percent of the neonatal deaths. Injury at birth was responsible for 14 percent; congenital malformation, for 10 percent. Mortality from these causes has shown little decrease during the period of record.

Neonatal mortality on the whole has shown some tendency to decrease (figure 1). The rate was 44 per 1,000 live births in 1915 and 33 in 1936. Mortality on the first day of life has not decreased at all; the rate was 15 in 1915 and 15 in 1936.

Among infants who complete their first month of life, prenatal and natal conditions are relatively less important as causes of death than among infants dying in the first month. These conditions are responsible for only 14 percent of the infant deaths after the first month. Respiratory conditions in 1936 caused 35 percent of the deaths among infants after the first month of life; gastrointestinal diseases, 23 percent; epidemic and communicable diseases, 7 percent; and all other specified causes, 16 percent; for 5 percent,

cause of death was unknown or ill-defined. Mortality among infants in the second to the twelfth month of life has been more than cut in half during the period of record (figure 1). In 1915 the rate was 58 per 1,000; in 1936 it was 25. The reductions are mainly in mortality from gastrointestinal, respiratory, and epidemic and other communicable diseases.

Puerperal infection, largely preventable by aseptic technique, was responsible for 38 percent of the maternal deaths; toxemias of pregnancy, largely preventable by good prenatal care, were responsible for 23 percent of the maternal deaths; accidents of childbirth, for 13 percent; puerperal hemorrhage, for 11 percent; nonseptic abortions, for 6 percent; and all other causes, for 9 percent.

The maternal mortality rate has shown little reduction during the period of record. The most important decrease appears in toxemias of pregnancy.

#### *Preventability of Stillbirths, and Infant and Maternal Deaths*

Many maternal, fetal, and infant deaths occur each year that could be prevented.

Estimates of the number of preventable deaths are based on special studies and on the experience of physicians who have been actively engaged in caring for mothers and infants.

In 1936 the total number of maternal and infant deaths and stillbirths amounted to 202,452. Of these, 155,786 were deaths connected with pregnancy and childbirth, and 52,666 were deaths of infants from 2 to 12 months of age. Special studies have shown that one-half of the maternal deaths, one-half of the infant deaths, and two-fifths of the stillbirths are preventable. Making adequate facilities available and giving all mothers and babies the full benefit of our present knowledge would save almost 100,000 lives each year.

\* \* \* \* \*

#### NEWS AND RESEARCH NOTES

##### *Neonatal mortality and stillbirths in the District of Columbia*

*The Medical Annals of the District of Columbia* for August 1938 (vol. 7, no. 3) contains two articles

based on studies made by the United States Children's Bureau. Reprints of these have been obtained by the Children's Bureau and single copies will be sent upon request.

"Causes of Neonatal Mortality in the District of Columbia," by Marian M. Crane, M.D., is based on a study of neonatal deaths in the District of Columbia in 1935. Of a total of 400 neonatal deaths, 392 were included in the study. Prematurity was found to be the most frequent cause of death reported during the neonatal period for both white and colored infants. The next most frequent causes of death reported among white infants were birth injury and congenital malformation; but among colored infants infections were reported more frequently than either of these causes. The high mortality rate among colored infants was found strongly to influence the total neonatal mortality rate.

"The Problem of Stillbirths," by Ethel C. Dunham, M.D., is based on the Children's Bureau study of stillbirths in 229 hospitals in 25 States and the District of Columbia, with special reference to the situation in the District of Columbia. In 1936 the stillbirth rate in the District of Columbia was 27 per 1,000 live births among white infants and 58 among colored infants.

A proposed program for reducing the incidence of stillbirths and neonatal deaths in the District of Columbia that applies to both papers is given in Dr. Dunham's paper. This program includes increased clinic and hospital facilities for the care of Negro maternity patients; adequate provision for the care of premature infants in every hospital; adequate isolation facilities for the prevention of infection and for the individualized care of mothers and newborn infants in every hospital; complete coordination of prenatal services in hospitals and clinics to insure continuity of care for the individual patient; increased public-health-nursing services; increased efforts to obtain registration of women early in pregnancy;

adequate medical social services for all agencies dealing with problems of maternity; analysis by hospitals admitting maternity patients of morbidity and mortality records among mothers and infants; and a current study of stillbirths and neonatal deaths.

*Articles on congenital syphilis reprinted* The two articles entitled, "Congenital Syphilis; critical review, parts 1 and 2," by Dorothy V. Whipple, M.D., and Ethel C. Dunham, M.D., which appeared in the *Journal of Pediatrics*

for March (vol. 12, no. 3, pp. 386-398) and August (vol. 13, no. 1, pp. 101-119) have been reprinted by the United States Children's Bureau. Single copies of the reprints are available upon request.

The first of the two articles summarizes the more important recent contributions to the literature on the incidence, transmission, and diagnosis of congenital syphilis. The second article deals with the literature on the prevention and treatment of congenital syphilis.

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#### BOOK AND PERIODICAL NOTES (Maternal, Infant, and Child Health)

PRENATAL AND POSTNATAL MANAGEMENT, by J. St. George Wilson, M.C., M.B., Ch.M. William Wood & Co., Baltimore. 1937. 205 pp. \$4.

This book was written for the practitioner who "aspires to efficient prenatal and effective postnatal management" of the maternity case. The author, who is honorary obstetric and gynecologic surgeon to the Royal Infirmary and consulting obstetrician at the Walton Hospital, both in Liverpool, England, attributes the apparent failure of prenatal care to diminish the maternal mortality rate to "the unbalanced practice" of prenatal care and points out that in the average normal case there are definite indications for postnatal care that will assist the return to the normal and will be as effective as prenatal care in subsequent pregnancies.

The first portion of the book deals with the importance of including a full anamnesis and a clinical examination of the patient. The point of view is stressed that "... too little regard is paid to the presentation of the fetus, and the condition of the birth canal ... and the general systemic condition is neglected."

The bulk of the book is devoted to a consideration of various types of abnormal pregnancy. The author covers major and minor conditions of pregnancy and illustrates his material with many diagrams, illustrations, and photographs.

In a final chapter on postnatal care, Wilson considers prophylactic measures, including proper

care in the antepartum, intrapartum, and postpartum periods; and active measures, including the maintenance of the uterus in its normal position, the assistance of the involution of the vagina, and the care of lacerations of the cervix and their sequelae.

HANDICAPS IN THE NORMAL GROWTH AND DEVELOPMENT OF RURAL NEGRO CHILDREN, by Hildrus A. Poindexter, M.D. *American Journal of Public Health*, vol. 28, no. 9 (September 1938), pp. 1048-1052.

Dr. Poindexter discusses briefly the four major interrelated handicaps that are interfering with the normal physical, mental, emotional, and social growth and development of rural Negro children in the "cotton belt." These are malnutrition, syphilis, malaria, and hookworm infestation.

Ignorance and poverty, which Dr. Poindexter finds to be the chief factors responsible for these poor health conditions, can best be corrected, he believes, by the use of an efficient local school teacher as the key person under the supervision of the official agencies, and with the cooperation of the public-health nurse and the farm demonstration agent.

Dr. Poindexter, who is professor of bacteriology, preventive medicine, and public health at Howard University, has also acted temporarily as epidemiologist in charge of a rural health unit in Glendora, Miss.

# CHILD LABOR

## THE CHILDREN'S BUREAU AND THE FAIR LABOR STANDARDS ACT OF 1938

BY BEATRICE McCONNELL, DIRECTOR,  
INDUSTRIAL DIVISION, CHILDREN'S BUREAU

The Fair Labor Standards Act of 1938, which goes into effect on October 24, 1938, bears a significant relation to child welfare. It not only marks the beginning of a new basis for advanced child-labor standards throughout the country but will raise the standard of living for underpaid and overworked labor through its minimum-wage and maximum-hour provisions, and thus in many thousands of homes provide a more adequate economic basis for the rearing of children. The health and welfare of children are directly dependent upon the adequacy of the family income and the general economic and social well-being of the parents--a well-being that cannot exist under conditions of employment at wages too low to provide for a decent standard of living or at hours too long to afford opportunity for healthful leisure. Moreover, child labor itself often is caused by inadequate family income and is in turn a factor in low wages and oppressive working conditions.

The direct concern of the Children's Bureau in this new law is in its child-labor provisions, enforcement of which is placed in the Bureau's charge. The law excludes children under 16 years of age from employment in all occupations covered by the act; that is, all work in establishments producing goods for interstate commerce, except the employment of children 14 and 15 years of age at work, other than manufacturing or mining, which has been determined by the Chief of the Children's Bureau not to interfere with their schooling, health, or well-being. In addition, it excludes children 16 and 17 years of age from occupations in such establishments as may be found and declared by the Chief of the Children's Bureau to be hazardous or detrimental to their health or well-being. Goods produced in establishments in the United States in which children have been employed contrary to these standards within 30 days prior to the removal of such goods from the establishment are prohibited from shipment across State lines or to any foreign country. Child actors in motion

pictures or theatrical productions and children employed in agriculture during periods when they are not legally required to attend school are exempted from these provisions.

This prohibition of child labor is a natural complement to the wage and hour provisions of the act, because greater economic security for the family group should help to release the younger children from wage-earning, thus providing opportunity for the education and recreation necessary for their fullest development, and should give to the older group of boys and girls protection from industrial risks during the first years of their industrial life when that protection is most needed.

### *Administration of the Act*

The administration of these child-labor provisions has been placed in the Industrial Division of the Children's Bureau. In its approach to the task before it, the Division has held in view two main objectives: First, the treatment of the child-labor problems brought under its jurisdiction by the act as a component part of the picture of the whole child, the ideal which the Children's Bureau has set up and adhered to since its organization; and, second, the use of the Federal standards not as a new and independent means of improving conditions of child labor, but as a method of strengthening the protection given by State law to the working children within each State. To accomplish these aims, the Industrial Division not only must explore new fields and carry on new activities, but must bring into focus and develop more fully all the different research and consultative activities which it has carried on in the past. In attaining these objectives, the Division has for guidance not only its research work in fields relating to the employment of children and the varied consultative and advisory services which have been carried on for more than 25 years, but also the actual experience of the Bureau in administering the First Federal Child-Labor Act in 1917 and 1918.

### *Cooperation With States*

In meeting the administrative responsibilities incident to enforcement of the act, the Bureau will direct its basic procedure toward the ultimate strengthening of State child-labor services through cooperative plans for dealing with the practical problems of administration and through demonstration of effective methods. Adequate systems of employment-certificate issuance for children 16 years of age and over must be developed to enable employers to protect themselves from unwittingly employing children contrary to the law; inspection of establishments producing goods and shipping them in interstate commerce must be carried on to discover whether children are illegally employed in such establishments. So far as possible the Division looks toward the utilization of existing machinery in the States for the administration of child-labor laws and the issuance of employment certificates. A thorough study of the methods actually employed in the issuance of certificates in State and local offices, and of the type and effectiveness of the supervision exercised by State officials, is a first step in this direction. Cooperative relationships regarding issuance of certificates and inspection of places of employment, satisfactory to both Federal and State authorities, must be worked out and adjustments made to meet the many variations among the States in adequacy of enforcement and in organization of administrative work.

The cooperative relationships of the Bureau with State labor departments and certificate-issuing officials have paved the way for the integrated efforts necessary now to bring about the best possible administration of the Fair Labor Standards Act. These relationships began early in the history of the Bureau with studies of the administration of child-labor laws in a number of the important child-employing States, followed somewhat later by the development, in cooperation with State and local officials, of a system of reporting to the Bureau statistics of employment certificates issued throughout the country. They continued through the experience under the First Federal Child-Labor Law, when the officials charged with the enforcement of State child-labor laws cooperated in the enforcement of the Federal act and testified to the assistance which Federal

legislation gave to their own work. Cooperative relationships were renewed in 1933 under the National Recovery Administration, when the Bureau supervised the administration of the executive orders permitting the issuance in the States of special certificates to handicapped workers and industrial home workers, and obtained the cooperation of the State labor departments and of certificate-issuing officials in upholding the NRA code standards for child employment.

During all this time the Bureau has rendered consultative and advisory service to State groups with respect to the administration of State child-labor laws and the raising of State legislative standards. If improvements are made in State legislation to meet or surpass the Federal standards, as has happened in the past when Federal standards were in effect, the Bureau will be prepared to give to the States greatly increased advisory and consultative service in the whole field of child-labor legislation.

### *Research Activities*

In order to carry out the discretionary powers given to the Children's Bureau under the act, the Bureau must go more deeply into many fields of research that it has only touched upon in the past. The determination of occupations that are so hazardous that minors 16 and 17 years of age should be prohibited from entering them will necessitate comprehensive and thorough study on a national scale of industrial processes and their effect upon young workers. Decisions as to the hazard of accident or disease involved in work at different types of machines or in exposure to industrial health hazards cannot be reached on the basis of opinion. They require, as a basis, the building up of a body of sound statistical and scientific information obtained through study of all available material now collected or being collected, through investigation of specific occupations and exposures and through the further development of the reporting of industrial accidents and diseases in cooperation with State labor departments and industrial-accident commissions. Before such decisions can be reached, employers and the public generally must become more fully conscious of the necessity of accumulating a body of evidence relating to industrial hazards for minors, and assistance must be obtained from employing groups, industrial



physicians, accident-compensation administrators, safety engineers, and all others whose information and training give them knowledge of the hazards of industry on the one hand and the susceptibility of youth to these hazards on the other hand.

The determination of occupations in which children 14 and 15 years of age may be employed for limited periods without interference with schooling and without harm to health or well-being involves exploration of special child-labor problems in many fields, including a number in which desirable standards for child employment are not yet generally agreed upon.

With the expansion of the Bureau's responsibility in enforcing child-labor prohibitions, there is need also for study of child labor in the occupations that are not covered by the Fair Labor Standards Act, where it is possible that increased employment of children may take place. Realizing

also the interrelationship of child labor with other phases of child welfare, the Bureau recognizes its increased responsibility for social studies of the problems resulting from the removal of employment opportunities for young persons and on the use and development of alternatives to employment such as educational and recreational facilities and community services.

For the highest achievements in the work of the Industrial Division of the Children's Bureau there is necessary a close integration of its research with its administrative functions. Its past study of child-labor conditions and State legislation has prepared the ground for new responsibilities. Its future activities will in turn point out new aspects of the Bureau's continuing responsibility for pioneering in prevention of industrial exploitation of children and in exploration of new remedies.

## CHILD-LABOR REGULATIONS

ISSUED BY THE CHIEF OF THE CHILDREN'S BUREAU

Pursuant to the authority conferred by section 3 (1) and section 11 (b) of the Fair Labor Standards Act of 1938, the Chief of the Children's Bureau prior to October 21 issued regulations relating to certain aspects of the administration of the child-labor provisions of the act.

Regulation No. 1, issued October 14, 1938, relates to certificates of age. It provides that an employer may protect himself against unwittingly employing minors in violation of the Fair Labor Standards Act by obtaining a certificate of age for each minor 16 or 17 years of age employed by him. If the employment is in an occupation declared to be particularly hazardous for minors 16 and under 18 years of age or detrimental to their health or well-being, he should obtain a certificate of age for each minor 18 or 19 years of age so employed.

The certificate of age may be (a) a Federal certificate issued by a person authorized by the Chief of the Bureau; or (b) a State certificate issued by a State agency in such States as may be designated for this purpose by the Chief of the Children's Bureau. In either case the certificate

will show that the minor is above the oppressive child-labor age applicable to the occupation in which he is employed.

The information to be contained in Federal certificates of age is specified in detail, with special attention to documents acceptable as proof of age. Conditions under which certificates may be suspended or revoked are also specified.

Regulation No. 1-A relates to temporary certificates of age. It was issued as of October 20 and provides that in any State where no provision is made for the issuance of State or Federal certificates of age, as described in Regulation No. 1, a birth certificate or a record of baptism showing the age of the minor to be above the oppressive child-labor age applicable to the occupation in which he is employed will be accepted as an age certificate until January 23, 1939.

Regulation No. 2, issued October 15, 1938, relates to acceptance of State certificates. It designates 31 States as States in which, during a period of 6 months, State age, employment, or working certificates or permits shall have the same force and effect as Federal certificates of

age under the Fair Labor Standards Act of 1938. These States are:

Alabama	Massachusetts	Oklahoma
Arizona	Michigan	Oregon
Arkansas	Missouri	Pennsylvania
Colorado	Montana	Rhode Island
Connecticut	New Hampshire	Tennessee
Delaware	New Jersey	Utah
Illinois	New Mexico	Vermont
Indiana	New York	Washington
Kentucky	North Carolina	West Virginia
Maine	Ohio	Wisconsin
Maryland		

Regulation No. 1 was published in the *Federal Register*, vol. 3, no. 202 (October 15, 1938), pp. 2487-2488; Regulation No. 2, in the *Federal Register*, vol. 3, no. 203 (October 18, 1938), p. 2500; and Regulation No. 1-A in the *Federal Register*, vol. 3, no. 207 (October 22, 1938), pp. 2531-2532. Copies of the regulations may also be obtained from the Children's Bureau, United States Department of Labor, Washington, D.C., upon request.

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#### NEWS AND READING NOTES

##### *Fair Labor Standards Act explained*

"A Ceiling for Hours, a Floor for Wages, and a Break for Children" is the title of a

leaflet issued jointly on October 10 by the Wage and Hour Division and the Children's Bureau of the United States Department of Labor (Washington, 1938, 15 pp.). This leaflet explains the purpose and general features of the act. Copies may be obtained from any State employment office affiliated with the United States Employment Service, from the Wage and Hour Division and from the Children's Bureau, U. S. Department of Labor, Washington, D.C.

##### *Volume on apprenticeship and child labor published*

"Legal Status in the Family, Apprenticeship, and Child Labor," select documents, with introductory notes by Grace

Abbott, has been published as volume I of "The Child and the State" (University of Chicago Press, Chicago, 1938; 679 pp.; \$3). A review of this book will appear in an early issue of *The Child*.

##### *Reports of silicosis conference published*

The Division of Labor Standards, United States Department of Labor, has published the final reports of the committees appointed

at the first meeting of the National Silicosis Conference held in Washington in April 1936. These committees consisted of specialists in their respective fields and were given the responsibility of carrying out detailed investigations and making recommendations for the control of the problem of silicosis hazards in industry. Summary reports of the committees were presented at the second meeting of the National Silicosis Conference, in February 1937.

The published reports are as follows:

Report on Medical Control. Bulletin No. 21, part 1, Washington, 1938. 112 pp.

Report on Engineering Control. Bulletin No. 21, part 2, Washington, 1938. 62 pp.

Report on Economic, Legal, and Insurance Phases. Bulletin No. 21, part 3, Washington, 1938. 86 pp.

Report on Regulatory and Administrative Phases. Bulletin No. 21, part 4, Washington, 1938. 64 pp.

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

# GENERAL CHILD WELFARE

## BOOK AND PERIODICAL NOTES

*Time schedule changed for "The Child Grows Up"* The series of radio programs entitled "The Child Grows Up" is being continued this season under the auspices of the United States Children's Bureau. Beginning in October, with the passing of daylight-saving time, these programs are to be given on Saturdays at 10:30 a.m., Eastern standard time. The programs can be heard over the blue network, National Broadcasting Company.

\* \* \* \* \*

NEW TRENDS IN GROUP WORK, edited by Joshua Lieberman. Association Press, 347 Madison Ave., New York. 1938. 229 pp. \$2.

Articles by 19 leaders in the field of group work are presented in this volume published under the auspices of the National Association for the Study of Group Work.

The articles are arranged under five heads: I, Group Work and the Social Scene; II, Group Work as Education; III, Leadership in Group Work; IV, Relation of Group Work and Case Work; and V, Record Keeping in Group Work.

In gathering published material together from scattered sources, the committee found an "almost complete absence of material describing experimental group-work efforts, and very little material

on group-work processes in activity and group relationships." Descriptions of an experiment in neighborhood cooperation by Isabel Merritt and of group work with high-school boys by Abel J. Gregg ("Helping Youth Groups Face Current Issues"), not previously published, are included in the volume.

Other papers published here for the first time include "Coordination of group work and case-work services," and "Record keeping in group work," both by Clara A. Kaiser, and "Group work and democracy," by Eduard C. Lindeman. Mr. Lindeman calls attention to the potential uses of the group-work discipline in developing behavior patterns in playing, learning, and administering, which are founded upon social methods and thus tend to make the democratic process a natural by-product of experience.

EXPENDITURES OF NEGRO FAMILIES IN NEW YORK CITY, by Faith M. Williams. *Labor Information Bulletin*, vol. 5, no. 8 (August 1938), pp. 9-11.

Expenditures of 100 self-supporting Negro families studied in New York City by the Bureau of Labor Statistics of the United States Department of Labor are analyzed in this article. Expenditures for food, clothing, housing and furnishings, recreation, transportation, medical care, and personal care are covered.

## OF CURRENT INTEREST

*Folder on adoption now available* "Adoption--What It Means" is the title of a 15-page illustrated leaflet issued by the Children's Bureau (Folder 13, Washington, 1938). This was prepared in response to requests for popular material appropriate to be given to parents wishing to adopt a child and to others interested in questions involved in the adoption of children. It discusses briefly the following questions: Why are children adopted? What should be known about the child to be adopted? What are the needs of the child? Who are the children available for adoption? Where can a child be found for adoption? How long must the child be in the home before

adoption? How may adoption be effected? Why should the State be interested in the adoption of children? How will adoption affect the child's birth certificate? What of the future?

*The prevention of blindness* *A Journal of Social Ophthalmology* is the title of a new periodical published by the International Association for Prevention of Blindness (66, Boulevard Saint-Michel, Paris), which is published with parallel columns in English and French. Vol. 1, no. 1, dated May 1938, contains an account of the Fifteenth International Ophthalmological Congress held in Cairo in December 1937.

In September 1938 the National Society for the Prevention of Blindness issued a call for (1) information on new industrial or occupational eye hazards--both accident and disease hazards; (2) recent and significant statistics on any occupational hazards to sight--showing frequency, severity, causes, nature of injury, degree of impairment, or cost; (3) photographs showing either hazards to sight or protection against such hazards; and, most important of all, (4) information concerning successful methods of eliminating, counteracting, or alleviating disease and accident hazards to eyes.

The material thus obtained will be considered in the revision of "Eye Hazards in Industrial Occupations," by Lewis H. Carris and Louis Resnick, first published 10 years ago. The headquarters of the National Society for the Prevention of Blindness are at 50 West Fiftieth St., New York.

*Future Farmers of America convene* A national convention of Future Farmers of America was announced to take place in Kansas City, Mo., October 15-22, 1938. Farm boys representing more than 263,000 students of vocational agriculture from every section of the Nation are expected to attend and to compete in the national contests for students of vocational agriculture. This convention marks the eleventh year since the founding

of the Future Farmers of America, which is sponsored by the Office of Education, United States Department of the Interior.

*The National Education League* Material for use in preparing programs and for distribution in connection with American Education Week, 1938 (November 6-12) has been prepared by the National Education Association (1201 Sixteenth St., NW., Washington, D.C.). Packets that can be obtained include the rural-school packet, the high-school packet, the elementary-school packet, the kindergarten-primary school packet, and the teachers-college packet.

*"Immigrants All--Americans All" on the radio* A new series of radio programs beginning November 14, 1938, under the general title, "Immigrants All--Americans All," has been announced by the United States Office of Education. These programs will be given over the Columbia broadcasting stations' coast-to-coast hook-up at 10:30 p.m., Eastern standard time, every Monday night for 26 weeks. The keynote of this program, which takes the place of "Brave New World," is to increase the appreciation of the contribution of all national and racial groups to American life. Gilbert Seldes has been selected by Commissioner Studebaker to write the new series.

#### CONFERENCE CALENDAR

- |            |   |            |  |
|------------|---|------------|--|
| Nov. 14-16 | Fifth National Conference on Labor Legislation, called by the Secretary of Labor. Washington, D.C.  | Nov. 20-23 | National Rehabilitation Association. Fifth general session. Miami Biltmore Hotel, Miami, Fla.  |
| Nov. 14-18 | Child Study Association of America. Fiftieth anniversary conference, Nov. 14 and 15. Institute, Nov. 16-18. Hotel Roosevelt, New York. Information: Mrs. Hawes Smith, Child Study Association of America, 221 West Fifty-seventh St., New York. | Dec. 9-11  | American Public Welfare Association. Third annual round-table conference. Wardman Park Hotel, Washington, D.C.   |
| Nov. 15-18 | Southern Medical Association. Thirtieth-second annual meeting, Oklahoma City, Okla. Information: C.P. Loran, Secretary-Manager, Empire Building, Birmingham, Ala.   | Dec. 12-14 | American Farm Bureau Federation, Associated Women. New Orleans, La.  |
|            |   | Dec. 27-30 | American Statistical Association. One-hundredth annual meeting, Detroit, Mich. Information: F. F. Stephan, Secretary, 722 Woodward Bldg., Washington, D.C. |

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# Child

Monthly News Summary



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1938

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# THE CHILD — MONTHLY NEWS SUMMARY

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price \$1 a year; postage additional outside the United States.

# THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

## DEVELOPMENT OF STATE SERVICES FOR CRIPPLED CHILDREN UNDER THE SOCIAL SECURITY ACT, Fiscal Year 1938

BY ROBERT C. HOOD, DIRECTOR,  
CRIPPLED CHILDREN'S DIVISION, CHILDREN'S BUREAU

The development of a broader philosophy and a wider diversity of services was evidenced during the year in State plans for crippled children's programs under the Social Security Act. Most of the States took steps to improve the quality of medical care and to provide the necessary auxiliary service to make medical care effective. Although great emphasis was placed on the prevention of crippling conditions, there is need of continuing effort to bring children under care at an earlier stage, to keep them under continuous treatment as long as necessary, and to make more readily available the essential aftercare services.

### *State Personnel*

With increased recognition by the States of the importance of strengthening the administrative staff there has come a consequent improvement in personnel, either through adding technically qualified persons to the staff or through giving further training to those already employed. The strengthening of the administrative staff is a natural corollary to the growing understanding that this is a service program, and that the professional services of the State staff are as essential to the care of the crippled child as are surgical and hospital care.

Increased recognition was given to the necessity for medical direction of the program in order to safeguard the quality of medical care. In 1938 the services in 29 States were directed by a physician, on either a full-time or a part-time basis, compared with 23 States that had a physician as full-time or part-time director for the fiscal year 1937. In addition, physicians acted as full-time or part-time assistant directors in 7 States.

Training programs for State personnel were provided for in approved State budgets as follows: Public-health and orthopedic-nursing training in 24 States; medical social work training in 5 States; and physical-therapy training in 2 States. Postgraduate courses for local physicians in the

early recognition, treatment, and prevention of crippling conditions were provided for in 7 States.

### *Location of Crippled Children*

More effective methods for locating crippled children in a systematic manner were put into operation by State agencies during the year through the use of epidemiological reports and birth certificates.



The 1938 State plans indicated that considerable progress had been made toward securing and utilizing birth-registration information. The plans of 4 States showed that the reporting of visible congenital defects to the official State agency was provided for by law, the attendant being required to make such report within 30 days of the date of the birth. Hawaii reported that registration of congenital deformity was required, and 2 States reported that notation was provided for on the birth certificate, in one of these at the request of the State agency.

In 13 additional States the State agency was working toward the requirement by law, or by State

health-department regulation, of the registration or the reporting of congenital deformity.

The use of epidemiological reports in locating crippled children at present centers chiefly around the problem of providing prompt care for children with infantile paralysis. The 1938 plans of 14 States mentioned utilizing epidemiological reports to locate infantile-paralysis cases: Two of these specified infantile paralysis with resultant crippling; 3 others mentioned also tuberculosis as specifically reportable to the official State agency. Seventeen additional State plans showed that epidemiological reports were already in use or would be used; three of these included the statement that reports were received regularly by the official State agency.

#### *Eligibility*

States gradually raised age limits in their eligibility requirements until crippled children up to 21 years of age were accepted for care by the State agencies in 41 States. One of these States gave preference to children under 18 years of age. For the remaining 10 State agencies the upper age limit was 18 years in four States; 17 in one; 16 in three; 15 in one; one State had no plan in operation.

There was evidence of a tendency to broaden requirements for economic eligibility so that children from families with a borderline income could be accepted for care. Many States developed the practice of making an estimate of the length and cost of a child's treatment, so that determination of a family's ability to pay for care might be made on the basis of full medical and social information.

A majority of the States required residence in the State for eligibility to service for crippled children, but many of the official agencies manifested an interest in working out reciprocal relationships with other States for the care of children who did not have legal residence in the State in which they were living. Much more needs to be done, however, along this line.

Definite progress was noted in making more liberal the requirements for eligibility for diagnostic service in order to bring under care every crippled child in need of treatment.

There was an indication in some States that court-commitment procedures were being followed in a less rigid manner than had been the case previously, but there is still need for much improvement in the manner of handling cases through the process of court commitment.

#### *Diagnostic Clinics*

Diagnostic-clinic services have been greatly extended during the fiscal year 1938. The general trend appears to be toward the establishment of permanent clinics on a regular schedule to replace the occasional itinerant clinics.



The clinics were better arranged than formerly and included, in addition to the service of orthopedic surgeons, the services of medical consultants for special services and general physical examinations; medical social workers for review and consultation on social problems; physical-therapy technicians for muscle examinations and instruction of parents; and State and local public-health nurses and child-welfare workers to provide for nursing and welfare services in connection with aftercare.

More attention was given to group case discussions by the various members of the clinic staff in order to arrive at a plan that would work toward the best interests of the child. The number of children that an orthopedic surgeon is

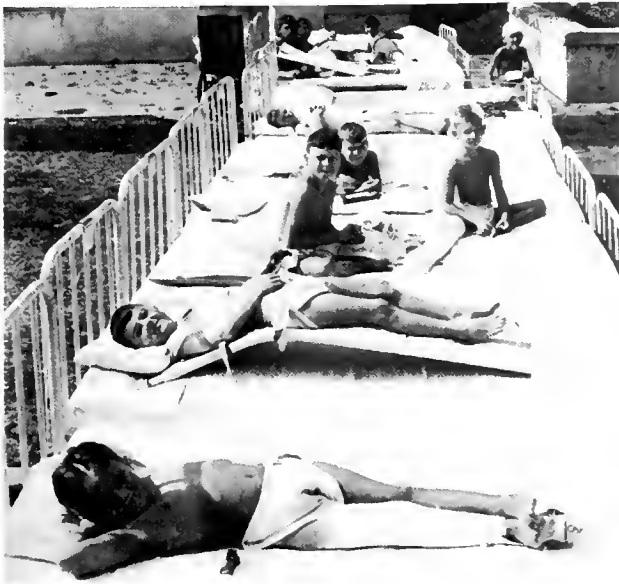


expected to examine in a clinic session was materially reduced so that more time was available for discussing with the parents the child's condition and needs.

Although there was improvement in locating cases and in arranging for diagnosis, many remote areas remain to be reached, and much more needs to be done to cover the States in a more uniform manner.

#### *Hospital Care*

State plans showed that 546 hospitals were approved by State agencies for the fiscal year 1938 for the care of crippled children. Descriptions of the standards being established by State agencies for the approval of hospitals indicated



that 25 States used approval by the American College of Surgeons as the basis for acceptance of a hospital. Registration by the American Medical Association and membership in the American Hospital Association were also considered in deciding whether a hospital should be accepted, as were the standards for hospitals recommended by the Advisory Committee on Services for Crippled Children, appointed by the Secretary of Labor. Because of the development of the crippled children's program, hospital staffs were increased and strengthened and needed equipment was provided.

With few exceptions the trend toward decentralization of hospital services continued, and children were thus hospitalized nearer their own homes. An increasing number of States have adopted

the plan of paying for hospital care on a flat per-diem basis. The rates in some cases include all services except surgeons' fees and appliances and are based on the cost of ward care. In the fiscal year 1938, 22 States arranged for payments to hospitals on the basis of a flat per-diem rate.

The procedures used by State agencies in the authorization of hospitalization and in the issuance of instructions to be carried out on discharge were further clarified, so that local health and welfare workers are better informed as to the aftercare necessary for good results.

#### *Convalescent and Foster-Home Care*

The use of convalescent and foster homes in providing aftercare services for crippled children has become an increasingly important factor, especially in achieving desirable results in cases requiring prolonged care and in adjusting the child to the transition from the hospital to his own home. In a great number of the homes used increasing attention was given to providing medical, nursing, physical-therapy, and social services.

Study was given by State agencies and by the Children's Bureau staff to more definite standards for the approval of convalescent and foster homes by health and welfare agencies.

#### *Aftercare Services*

Most of the States made special efforts to solve the difficult problem of extending satisfactory aftercare services to crippled children in rural areas. There was a growing awareness of the value and importance of meeting the needs of the child in his own home and in his own community if much of the benefit derived from medical and hospital care is not to be lost. Many States improved their procedures for informing parents and local personnel regarding the child's condition at time of discharge from the hospital or convalescent home and regarding his needs after he returns to his own home. Increasing responsibility for direct services to the child at home was placed upon local health and welfare units, working under the advice of representatives of the State agency. Progress was noted in many States in reporting to local physicians the results of treatment and in recommending desirable aftercare services.

Better procedures were worked out for relating phases of treatment to plans for the education and rehabilitation of crippled children. In a number of States provision had been made for special teachers through projects of the Works Progress Administration. Though greater emphasis

was placed on the rehabilitation of crippled children, it was evident in field visits that the service obtainable was unsatisfactory in many States, sometimes because of insufficient personnel and sometimes because of lack of persons technically qualified to render the specialized service.

## MATERNAL AND CHILD-HEALTH SERVICES

Ed. Note.--The following article, reprinted from the *Journal of the Connecticut State Medical Society*, September 1938, is an account of the obstetrical consulting service developed by the Connecticut Department of Health in cooperation with the United States Children's Bureau under the maternal and child-health provisions of the Social Security Act.

### CONNECTICUT OBSTETRICAL CONSULTING SERVICE

BY JOSEPH H. HOWARD, M.D.,  
CHAIRMAN, PUBLIC-HEALTH COMMITTEE

There has been a gradual awakening of both professional and lay groups to the need of providing more adequate medical and nursing care for women during their maternal period. . . .

In comparing Connecticut with the other States of this country, it is noted that the maternal death rate in Connecticut indicates a good record. For the calendar year 1935 the rate was 43 per 10,000 living births as compared with 58 for the United States as a whole; and for the year 1936 the rate was 41 as compared with 57 per 10,000 living births for the United States as a whole. However, it is hoped that an even lower death rate may be made in the future.

With this end in view, in June 1937, the public-health committee of the State Medical Society recommended that some provision be made for giving more adequate obstetrical care to women living in rural areas who fall in the income group just above the relief level. The committee was aware that certain definite limitations would have to be designated if the aim of this program were to be carried out.

It has long been recognized that the very poor, or relief cases, can secure medical care through town aid and hospital ward service when

necessary, while, on the other hand, those in the economic group who can pay a small amount toward their medical care are financially unable to meet any unexpected expenses but are not eligible for welfare services. It is for this limited group of cases who are able to pay for the everyday expenses of living and who are perhaps even able to save something toward the cost of confinement, that provision is being made for obstetrical consultations when the physician feels that it is necessary.

Furthermore, people who live outside of urban centers often have difficulty in securing medical aid, especially if they are within this limited financial range. The welfare facilities available in cities and towns having a population of more than 30,000 are usually sufficient to serve their residents regardless of the individual family income of those residents. At any rate, a resident of the city has a much better chance of securing medical aid in an emergency than does one who lives in the country. In keeping with this thought, the Social Security Act, title V, part 1, states that funds shall be used for people living in rural areas or in areas suffering from severe economic distress.

In order to initiate a program which would provide obstetrical consultation for women living in rural areas, and who come within the limited financial income group, an effort was made to secure money through the State Department of Health from social-security funds, for an obstetrical consultation program. Funds have been secured for this work for the year July 1, 1938, to June 30, 1939, and if the program produces the expected results, it is likely that funds will be continued for this purpose.

The problem of securing the help of qualified obstetricians was approached by consulting the Connecticut members of the American Board of Obstetrics and Gynecology and by consulting other physicians known to have had special training or extensive experience in obstetrics. The names of this latter group were secured through the county medical associations and through physicians acquainted with their work. Each obstetrician gave a record of his training and experience and only those were appointed who were recommended by the obstetrical subcommittee of the public-health committee. As additional names are suggested and approved they will be invited to act as consultants.

The services of these physicians are available as obstetrical consultants for those maternity patients who are not cared for by any other agency and who are unable to pay for a consultation when the attending physician feels that it is necessary. Any physician who is caring for such a maternity patient living in a town with a population

or less than 30,000 may request a consultation at any period of the pregnancy or the puerperium. A \$10 fee is available for the obstetrical consultant. This fee is a nominal one, but for the sake of improving care for maternity cases the consulting physicians have agreed to give this service.

According to the latest figures available (1939) 44 towns [in Connecticut] have a population of less than 30,000 and are therefore on the eligible list.

The purpose of this program is to make it possible for physicians to obtain skilled obstetrical consultation for abnormal or borderline cases who otherwise would not be able to secure this type of care. Medical ethics and customary professional practice serve as the basis for this program and are to be adhered to at all times. A physician requesting consultation will regard the consultant in the same light as he would regard a consultant for any of his other patients.

#### NORTH CAROLINA DENTAL-HEALTH EXHIBIT



First prize for dental health education exhibits at the annual session of the American Dental Association, St. Louis, Mo., October 24-28, 1938, was awarded to this exhibit, belonging to the Division of Oral Hygiene, North Carolina State Board of Health. The exhibit is a model of a school room. The teacher and pupils, gayly dressed, are seated at tiny wooden desks. The pointer arm of the dentist moves up and down, drawing the eye to the exhibit.

THE OPERATION OF CHILD-WELFARE SERVICES AT THE LOCAL LEVEL OF GOVERNMENT<sup>1</sup>

BY NORRIS E. CLASS, DIRECTOR,  
DIVISION OF CHILD-WELFARE SERVICES, STATE RELIEF COMMITTEE OF OREGON

*Case Work Defined*

The operation of child-welfare services at the local level of government involves a fourfold activity. First and primary is the task of defining by practice what is meant and what is not meant by "case work." The program of child-welfare services is not restricted to the development of a particular type of service—for example, foster-home care. Rather, it is concerned in rural areas with the general improvement of case-work service for the treatment of all dependency situations where children are involved and, it should be added, where the cause may be social as well as economic, where service is indicated as well as relief. The approach is definitely generic, and, being in no way committed to the furtherance of any one type of service, it has an increased responsibility for demonstrating the total case-work process as it may operate in the various fields of social work.

After a period of almost 10 years of the depression, after the spending of billions of dollars, the fact remains that the public generally, and the clientele specifically, have not gained a clear conception of what is really meant by the term "case work." To be sure, many have been subjected to proper or improper determination of financial need, and I suspect to many this is the alpha and omega of case work. Some have experienced certain management of their affairs, such as being moved from one place to another, taken or directed to a dispensary without much regard to interpreting the reason. And to these I suspect case work is a matter of beneficial or tyrannical manipulation, as they may have been affected. But such conception is not one which must ultimately prevail. And child-welfare services at the local level can and should be a factor in bringing about a more correct interpretation.

This can be realized, however, only by the qualitative performance of case-work service upon a continuing everyday basis, and in a variety of dependency situations. Only through this approach can the wider and fuller significance of the case-work process be sensed. The community will not grasp the benefits of greater individualization of each dependency situation simply by being told that it should be done this way. The community will grasp the benefits only when they observe them in actuality, and child-welfare services at the local level of government must assist in making possible this demonstration, if a lasting program is to be formulated.

It should be added, however, that such a demonstration of case-work service will be achieved only with considerable resistance. It will be achieved only with competent personnel who have had the advantage of knowing the accumulated experience of the past in respect to meeting dependency problems as they come to individuals and the community. Likewise, it will be achieved only by limiting the case load. Case work never becomes a quantitative proposition; it always remains a qualitative process so far as the individual practitioner and individual client are concerned. To demonstrate it otherwise is to demonstrate it wrongly. With qualified personnel and the opportunity to make a qualitative approach, communities are in a position to evaluate accurately the contribution that case work might make in attempting to cope with some of the perplexing problems that are before them today. Without both requirements being present, communities cannot make this evaluation fairly, and the whole program at the local level becomes pointless and simply repetitious of a pattern from which escape is sought.

*Reevaluation of Existing Community Resources*

Second is the need of reevaluating and, perhaps, refining the existing or potentially existing community resources which are used in

<sup>1</sup>Paper given at the National Conference of Social Work, Seattle, June 30, 1938.

coping with dependency problems. This reevaluation or refinement may have to take place sometimes at the cost of postponing new or additional services, even though at the moment these resources seem almost imperative for a well-rounded program. This is necessary for several reasons. Sufficient qualified personnel may not be available to staff the new service unless the personnel structure of an existing agency is shaken, perhaps destroyed. Social work has seen too much of that already. There is the additional practical problem of financing. Too immediate or rapid expansion of new programs may not only be sheer extravagance, if later it be determined that they were not warranted, but it may also serve as a disruptive force for established and equally essential services in other fields, such as health and education. Whether we like to face it or not, in any given community at a given time only a certain amount of public funds can be directed to meeting a certain community need beyond an emergency level. One can argue that a different form of taxation, a different economic system, or a different social order might change the picture. It might—and then again, it might not. But, granting the system which most local workers must grant who ply their case-work practices as public servants, a real economic limitation does exist, and not to accept it as a reality is as fallacious as not to recognize the presence of individual differences among human personalities.

The matter, however, goes deeper than the immediate availability of personnel and public finance. Does the worker have a right to ask, except perhaps on an emergency basis, that the community develop or expand a program before the problem of completely determining the limits of the existing community resources has been worked through?

The present program of aid to dependent children in relation to foster-home care is a case at point. Do we really know the amount and nature of foster-home services that will be needed until we have made a concerted effort to find out just how aid to dependent children is going to work? We do not know at this time and we shall not know until we define by systematic study and evaluation what we mean by aid-to-dependent-children supervision.

It has taken, for example, practically 2 years for even a meager amount of professional literature to appear relative to supervision of elderly

persons under old-age assistance and to date, I believe, practically nothing has appeared in respect to supervision of aid to dependent children, except that it should be "good." Now, until we have sensed what the limits are under which aid to dependent children must operate; what the age restriction means in terms of planning for adolescents, especially for their vocational needs, at the very time that the grant, by law, must be discontinued; what the effect is of a grave emotional traumatic experience (such as death, desertion, physical incapacity), which must invariably be present in these cases; and how all these fit into a composite picture of what we may expect to find in aid-to-dependent-children cases, we are probably just talking words when we say that the supervision should be "good." And I suspect that the same is true of the Civilian Conservation Corps, the National Youth Administration, the school, and many other resources which are uniformly present and which we tend to forget sometimes when we say that "no services are available in the community." In fact, it would be my guess that only in reevaluation and refinement of existing resources, shall we find a safe guide to what is really needed in addition to the resources already present. The very process of focusing intently upon the immediate area naturally lights the surrounding territory into which we may move later.

#### *Community Interpretation*

Third is community interpretation. The formal aspect of interpretation or community education should undoubtedly be delegated to the division of child-welfare services at the State level, which in turn would look to such Federal agencies as the Children's Bureau for guidance. The worker, however, in her daily contacts in the community cannot escape participation in such activity, even though she wills otherwise. For this reason the local worker must know the important facts as they affect youth and children generally throughout the country and, in particular, as they relate to rural sections. It becomes a matter of having a working knowledge of the findings of sound research and statistical investigation that justified the establishment of such programs as child-welfare services, maternal and child-health services, and those in related fields.

Unless these fundamental facts are acquired, a great deal of the community interpretation may be sheer waste--actually "mis-education." After all, it quickly resolves itself into a very practical problem: The situation which the local worker presents to the county court for official action, to the advisory committee for discussion and consideration, to the newspaper for publicity is either typical of a fundamental problem or trend, or it is not. It is necessary to grant that local problems must be considered as well as those Nation-wide in scope. But to present knowingly or unknowingly only the local problems continually or, worse yet, to present local problems which are but a manifestation of a national problem and not to identify them as such is to deprive the community of a wider perspective which it has the right of knowing. It is to deprive the community of a knowledge of the larger problems which may require collective support and without which no national approach can be long or permanently sustained.

#### *Interpretation of Rural Values*

Fourth is that the local workers in these rural sections must assume part of the responsibility of fashioning a philosophy that seeks to preserve and perpetuate all that is best in the rural scene. Perhaps I am wrong, at least I hope so, but in our rush to bring adequate service to needy individuals in rural areas, there seems to me to have emerged a certain missionary spirit which contained an assumption that urban values are a little more superior, more worth while. A portion of the literature dealing with rural social work, considerable in extent although not in significance, presented only the extremely pathologic aspect and, it might be added ironically, often that which certainly would not lend itself to a social-work process of reconstruction, whether it was found in the country or in the city. Some writers stressed only the possibility of doing the spectacular: Riding 10 or 20 miles to call on an

elderly client; rushing a sick parent 100 miles to the nearest hospital. Others commented upon the loneliness of the country, made mention of a reactionary or ultraconservative attitude which, incidentally, I believe, is a highly questionable assumption.

I am not proposing that these negative aspects should not be dealt with. What concerns me, however, is the lack of a generous affirmation of the positive values that are an intrinsic part of the rural scene. Along with the negative, should there not also have been a more adequate calling of attention to the freedom from the exacting and regimenting interdependency of the city, which tends to enslave at least the minds of men who were supposedly born to freedom? And more emphasis as to the possibility of a greater expression of the total personality in the rural scene? Maybe a little more attention might well have been given to the writings of such students of rural life as Herbert Agar and others who contend that there is a vast difference in terms of 'social and spiritual values between the process of "making a living," which they insist characterizes, or at least might characterize, the country, and that of "making money," by which they would define the city.

Now, unless the local worker in rural areas senses these and other positive values and perhaps ultimately prizes them as real values for herself as well as for her client and community, no permanent and worth-while approach can be made to rural social work. Schools of social work, perhaps, can give techniques that apply wherever human relationships are found; staff-development programs can help with certain essential information; but, I believe, from the workers who recognize the best that the rural scene holds must come, at least in part, the expression, written as well as spoken, that can be incorporated into a valid philosophy upon which is predicated a genuinely constructive welfare service for rural sections.



## NEWS NOTES

*Statement  
on personnel  
standards  
available*

The General Advisory Committee on Maternal and Child-Welfare Services, appointed by the Secretary of Labor to advise the Children's Bureau with reference to the administration of title V, parts 1, 2, and 3, of the Social Security Act, in its session June 2, 1938, in reviewing progress made and future needs, decided to make available to interested organizations information regarding standards of professional service developed for use in the State and local programs for maternal and child-health services, crippled children's services, and child-welfare services carried on in cooperation with the Federal Government. It was the opinion of the committee that such a statement should be used as a basis for study, discussion, and appropriate action by organizations and groups interested in seeing that the highest quality of service was given in every community benefitting from the cooperative State and Federal programs being carried on.

A statement summarizing the recommendations made by various advisory groups for the guidance of officials in selecting workers under the three social-security programs for maternal and child-welfare services was drawn up by a subcommittee and received the approval of the General Advisory Committee on Maternal and Child-Welfare Services. Copies of this statement, "Standards for Personnel Employed in Maternal and Child-Health Services, Services for Crippled Children, and Child-Welfare Services," are available from the Children's Bureau (Washington, 1938; 4 pp., processed).

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*Northeastern  
regional  
conference*

A regional conference of directors of divisions of maternal and child health and public-health nursing and medical and public health nursing consultants in maternal and child health in nine States of the northeastern area was held in Providence, R.I., November 16 and 17, 1938.

At the medical sessions the subjects considered were the establishment and maintenance of

adequate standards of medical services--in prenatal and child-health conferences, by private physicians, in hospitals, and by consultant specialists; methods of carrying on postgraduate medical education; and the function of advisory committees.

At the public health nursing sessions the following subjects were discussed: The integration of public health nursing services for mothers and children with the general community public health nursing service; the participation of public health nursing consultants in the supervision and in-service education of general public-health nurses; classes, nursing conferences, and other group methods of teaching to supplement individual public health nursing services in the home; and policies and procedures in the administration of delivery nursing service in rural areas.

Two joint sessions were held at which were considered questions involved in the development of local health services for mothers and children and in the provision of continuous, complete maternal care, medical and nursing, in local communities.

The papers presented included a great deal of material having more than regional value and interest, and it is planned to publish a few of these in subsequent issues of *The Child*.

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*Massachusetts  
hospital centers  
for premature  
infants*

Organization of hospital centers for premature infants in Massachusetts has now been completed, according to information received from Florence L. McKay, M.D., Assistant Director, Division of Child Hygiene (October 21, 1938), and the total number is 48. Dr. McKay further states, in correction of the item that appeared in *The Child*, September 1938 (p. 57):

Incubators are not provided for the transportation of premature infants, either by law or otherwise. The hospital centers have supplied themselves with carrying baskets heated by hot-water bottles. Several public health nursing organizations have supplied themselves with a similar basket or a box. These are available to anyone in the community who needs them. Except for instruction as to the making, they are not supplied by our Department.

# MATERNAL, INFANT, AND CHILD HEALTH

## STUDY OF PREMATURELY BORN INFANTS, NEW YORK HOSPITAL

Studies of prematurely born infants in the Children's Clinic of the New York Hospital will be made during the coming year by the Division of Research in Child Development of the United States Children's Bureau in cooperation with the Pediatric Department of New York Hospital, Cornell University. The studies of the metabolism of prematurely born infants, in which the Children's Bureau has cooperated during the past year, will be continued. In addition, a special follow-up clinic for premature infants has been established in the Children's Out-Patient Department of the New York Hospital.

The care of premature infants, both in the hospital and in the home, will be demonstrated. The program will include not only medical and nursing aspects but also socioeconomic aspects of the problem.

Hedwig Koenig, M.D., has been appointed by the Children's Bureau as pediatrician in charge of this follow-up clinic. Dr. Koenig is a graduate of Johns Hopkins Medical School, was formerly executive resident of the Hospital for Women and Children in San Francisco, and, while there, had charge of the reorganization of the out-patient department. She has been in practice of pediatrics in New York City for several years and has served on the pediatric staff of the New York Hospital.

Evelyn H. Schoen has been appointed by the Children's Bureau as the public health nursing consultant. Miss Schoen is a graduate nurse with postgraduate training in obstetrics and a midwifery certificate. She was for 3 years assistant to the supervisor of nurses in the rural program of the New York State Department of Health.

She has also been a supervisory public-health nurse in Hawaii.

Dorothy Buckner has been appointed by the Children's Bureau as medical social worker in the clinic. Miss Buckner was formerly medical social work consultant for the Services for Crippled Children of the Bureau of Health of the State of Maine.

Miss Schoen and Miss Buckner will assist the pediatrician in the activities of the clinic and will correlate the work of the special follow-up clinic for premature infants with those of the nursing and social-welfare organizations of the city in improving the home care of prematurely born infants.

It is planned to develop later a clinical research program in the hospital unit for premature infants in addition to the metabolic studies being made under the direction of Professor S.Z. Levine by Dr. Harry Gordon, a member of the Children's Bureau staff.

The causes of premature birth will also be investigated. The educational aspects of the problem will be given special consideration so that information in regard to the best methods of care of these infants will be afforded not only to physicians, medical students, nurses, and social workers, but also to the mothers of the infants before they leave the hospital and in their own homes.

This program will include studies of the facilities for care of premature infants now available in the city of New York, undertaken at the request of the New York City Pediatric and Obstetric Committee appointed by the commissioner of health to consider problems relating to premature births.

## STUDY OF THE Pelves OF ADOLESCENT CHILDREN

The Yale University School of Medicine and the Children's Bureau of the United States Department of Labor are cooperating in a study of the pelves of adolescent children.

The children to be studied were the subjects of a previous investigation undertaken by the Children's Bureau in New Haven, Conn., during the period 1923-26. This study was made to show



whether rickets could be prevented in children in a community by the intensive use of cod-liver oil and sunlight.<sup>1</sup> It was possible to follow a series of 326 infants with more or less regularity for a period of 15 months or longer. The infants were usually examined and started on cod-liver oil and sun baths during the first month of life. A control series included a group of infants, most of whom were born during the period of the demonstration, who had not received cod-liver oil or sun baths. In 1931-32 a study was made of the teeth of some of these children.<sup>2</sup>

The purpose of the present investigation is to make a roentgenographic study of the pelvis of these children to determine the effect of rickets

on the shape and size of the pelvis; that is, to compare the findings in the children who developed roentgenographic evidences of rickets under 15 months of age with the findings in the group who showed no roentgenographic evidence of rickets during the same age period.

All the children will receive the following examinations:

1. A physical examination.
2. Certain anthropometric measures and a record of certain secondary sex characteristics.
3. Roentgen pelvimetry according to three well-established techniques--those of Thoms, of Caldwell and Maloy, and of Hodges.
4. A dental examination.

A member of the Roentgenologic Department of the New Haven Hospital will supervise the making of the roentgenograms according to the prescribed techniques.

The joint medical-school committee and the Children's Bureau representative will be responsible for the conduct of the study and for the preparation of a report, which will be a joint publication of the Yale Medical School and the United States Children's Bureau.

<sup>1</sup>Eliot, Martha M., M.D.: Control of Rickets; preliminary discussion of the demonstration in New Haven. Reprinted from *Journal of American Medical Association*, vol. 85 (Aug. 29, 1925) pp. 656-661.

<sup>2</sup>Eliot, Martha M., M.D., Susan P. Souther, M.D., Bert G. Anderson, D.D.S., and Sumter S. Arnim, D.D.S.: A Study of the Teeth of a Group of School Children Previously Examined for Rickets. Reprinted from *American Journal of Diseases of Children*, vol. 48 (October 1934), pp. 713-729.

#### SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT

Biennial Meeting, November 11-13, 1938

The biennial meeting of the Society for Research in Child Development was held at the University of Chicago, November 11-13, 1938. The following subjects were considered: The general relations between the physical organism and behavior; the influence of the group upon behavior; the modifiability of growth; and the contribution of the study of the abnormal to an understanding

of the normal. Round-table discussions were conducted on the relation of physical growth to various aspects of child development, on the diagnosis of dental caries, on physiological measurements of growth and development, and on the relation of physical factors and organic disease to the performance and behavior of the child with especial reference to the syndrome of fatigue.



# BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

BABIES ARE HUMAN BEINGS, by C. Anderson Aldrich, M.D., and Mary M. Aldrich. Macmillan Co., New York. 1938. 128 pp. \$1.75.

Dr. Aldrich and Mrs. Aldrich in this small volume have challenged some of the most popular current principles in child care. They contend that rigid schedules and inflexible discipline frequently tend to thwart the emotional life of an infant. They stress the need for a "deep-seated recognition of the importance of individual differences, differences which make it impractical to adhere entirely to any one plan of management, no matter how well founded, in our dealings with children."

The Aldriches urge, not an abandonment of all plans and schedules, but merely an adaptation of any given plan to meet the needs of a special child. Many a young and conscientious mother, schooled in the principles of rigid discipline, is afraid to pick up and rock a distressed child or to feed him out of schedule when he is obviously hungry. The Aldriches say that the fault lies in the fact that the schedule fails to fit the rhythm of the child. A baby who is comfortable and happy, other things being equal, is more likely to develop into a willing, cooperative, and self-dependent child than one whose natural desires are thwarted and whose behavior is forced to conform to a pattern it does not fit.

NEW TECHNICAL EFFORTS TOWARDS A BETTER NUTRITION. League of Nations Questions 7. Distributed in the United States by Columbia University Press, New York. 1938. 35 pp. 15 cents.

This pamphlet from the Information Section of the League of Nations summarizes the activities in behalf of better nutrition on the part of numerous subdivisions of the League and of other international organizations. Beginning with the first study of the Health Committee in Japan 10 years ago, the report outlines the work of the Mixed Committee of Experts on the Problem of Nutrition and of the individual organizations represented on the Mixed Committee. There is a brief account of

the activities of the Committee of Health Experts of the Health Organization (League of Nations), the International Labor Office, the International Commission of Agriculture, the Advisory Committee on Social Questions (League of Nations), and of national nutrition committees. The last of the four chapters deals with the final report, The Relation of Nutrition to Health, Agriculture, and Economic Policy, which was reviewed in *The Child* for November 1937.

NUTRITION IN PREGNANCY, by Agnes Fay Morgan, Ph.D. *Public Health Nursing*, vol. 30, no. 10 (October 1938), pp. 576-583.

The food requirements of the pregnant woman are discussed in terms of calorie need, protein need, mineral elements, and vitamins. A number of references are given.

THE SPECIFIC PREVENTION OF DIPHTHERIA; further observations and inquiries, by J.G. FitzGerald, D.T. Fraser, N.E. McKinnon, and M.A. Ross. *Bulletin of New York Academy of Medicine*, 2 East One Hundred and Third St., New York, vol. 14, no. 9 (September 1938), pp. 566-581.

The history of diphtheria control in Canada through various methods of immunization is given. It is pointed out that prior to the use of toxoid, in spite of the free distribution of antitoxin for prevention as well as treatment, recorded diphtheria morbidity persisted at high levels, and the mortality rate, though falling, still presented one of the most important public-health problems in Canada. Evidence is presented to show that striking declines in diphtheria morbidity and mortality followed the wide use of toxoid. The reduction in incidence of diphtheria among Toronto school children who were given three doses of toxoid averaged 90 percent over a period of 5 years. The incidence of carriers was also reduced following the use of toxoid in various cities and provinces of Canada.

The Children's Bureau does not distribute the publications to which reference is made in *THE CHILD* except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

# CHILD LABOR

## GRACE ABBOTT ON CHILD LABOR

"Apprenticeship and Child Labor,"<sup>1</sup> the first volume of a 2-volume study of *The Child and the State*, dealing with the American conception of how the State may protect and further the development of its children, has just been published.

Volume 1, after an introductory survey of the legal status of the child in the family, which is fundamental to an understanding of the public services that have been developed by the State as *parens patriae*, covers the child-labor movement in this country and traces the story back to the earliest experiments in State control of this evil in Great Britain.

This work is primarily a documentary source-book for the student of social service, which will help him to understand and evaluate the developments in the child-labor field and will throw light upon present conditions and problems. It brings together and interprets factual material essential for the education of leaders in the development of new and more effective safeguards for children in the years to come. Comprehensive introductory notes by the author precede each of the main sections and form a connected commentary on selected documents that reflect the contemporary social attitudes of the period under consideration.

Miss Abbott points out that the child-labor movement has in every country supplied the shock troops in the struggle for decent working conditions, that the victories won in the early child-labor laws have paved the way for general regulation of factory conditions and demonstrated the necessity for a factory-inspection system. She shows also that child-labor laws were a pioneering

effort to insure to children a national minimum standard and a recognition that large numbers of parents were unable--and a few unwilling--to give their children the protection which under the common law was their duty.

Because the earliest experiments in State control of the evils of child labor were made in Great Britain, where the industrial revolution first took place, and were used as the basis of experience in this country, the author first deals with apprenticeship and child labor in Great Britain. She continues with the story of apprenticeship in the United States, from the early systems of indenture to the growth of a modern system of apprentice training; the history of child labor in the United States, including State legislation and its administration; Federal regulation of child labor and the child-labor amendment; the special problems of rural child labor and industrial accidents to illegally employed minors; and international child-labor legislation.

The illustrative documents selected include reports of official and unofficial investigations; important statutes which have greatly improved the legal protection of children; statutes which proved to be only detours instead of progress toward the goal; interpretations given the laws by courts, by attorneys-general, and by administrative rulings; and new methods of treating old problems suggested from time to time by outstanding leaders in the child-welfare field.

The selection and arrangement of significant documents from many widely separated sources difficult of access, with the interpretive comments by the author, make this a valuable reference book for all workers in the child-labor field. For the general reader it serves as an illumination of present child-labor problems and conditions and a graphic history of the development of State

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<sup>1</sup>Abbott, Grace: *The Child and the State*. Volume 1, *Apprenticeship and Child Labor*. Social-Service Series, University of Chicago Press, Chicago, 1938. 679 pp. \$3. (For set of two volumes, \$5.) Volume 2, to be reviewed in an early issue of *The Child*, covers the relation of the State to the special problems of child dependency and child delinquency.

responsibility for insuring certain minimum standards to all children. The bibliography, table of cases, and index add to its usefulness.

The author was Chief of the Children's Bureau of the United States Department of Labor from 1921 to 1934 and was head of the Child-Labor Divi-

sion of the Bureau in 1917 and 1918 when the first Federal Child-Labor Law was in operation. Since 1934 she has been professor of public-welfare administration in the School of Social Service of the University of Chicago.

E.A.M.

#### NEWS AND READING NOTES

##### *International Association of Governmental Labor Officials*

At the convention of the International Association of Governmental Labor Officials held in Charles-

ton, S.C., September 8-10, Beatrice McConnell, Director of the Industrial Division, United States Children's Bureau, presented the report of the Committee on Child Labor, of which she was chairman.

The Association adopted resolutions reaffirming its position with regard to the vital importance of ratification of the pending child-labor amendment and urging that every effort be made to secure ratification in those States that have not yet taken affirmative action. Resolutions were also passed advocating the extension of State industrial-accident and disease reporting systems; the amendment of State child-labor laws to bring the State standards for the productive industries into harmony with those of the Fair Labor Standards Act and to extend these standards to intra-state occupations not covered by the Fair Labor Standards Act; and cooperation of the State labor departments with the Children's Bureau in the administration of the child-labor provisions of the act.

##### *Child-labor Regulations Nos. 3-6 issued*

Temporary Regulations Nos. 3 and 3-A,<sup>1</sup> issued by the Children's Bureau in its administration of the child-labor provisions of the Fair

Labor Standards Act of 1938, relate to employment of minors between 14 and 16 years of age. These regulations are effective only until January 23, 1939, and are issued pending the assembling of more complete information as to the employment of minors under 16. The employment of minors between 14 and

16 years of age in all occupations (except manufacturing or mining occupations, the operation of motor vehicles or service as helpers on such vehicles, and messenger service) at periods and under conditions specified in the regulation will not be deemed to constitute oppressive child labor. Employment must be confined to the following periods: Outside school hours; not more than 3 hours on any school day; not more than 8 hours on any other day. All State laws and regulations, local ordinances, and child-labor regulations issued by the Chief of the Children's Bureau must be complied with.

Regulations Nos. 4 and 6 designate additional States in which State age, employment, or working certificates shall have the same force and effect as Federal certificates. This designation is effective for the period of 6 months from October 24, 1938. The States designated in Regulation No. 4<sup>2</sup> are California, Florida, Georgia, Virginia, and the District of Columbia; in Regulation No. 6,<sup>3</sup> Kansas and Nevada. Thirty-one States were previously designated in Regulation No. 2 (*The Child*, October 1938, p. 93).

Regulation No. 5<sup>4</sup> sets up the procedure to be followed in determining hazardous occupations under section 3 (1) of the Fair Labor Standards Act of 1938. This procedure includes studies, conferences with employers and workers, public hearings to obtain evidence, and reports of facts and conclusions. It is provided that public hearings shall be held on proposed findings and orders, and that every finding and order shall be published in the *Federal Register*. Hearings to consider revision of orders may be held upon petition.

<sup>2</sup>*Federal Register*, vol. 3, no. 207 (Oct. 22, 1938), p. 2533.

<sup>3</sup>*Federal Register*, vol. 3, no. 216 (Nov. 4, 1938), p. 2627.

<sup>4</sup>*Federal Register*, vol. 3, no. 217 (Nov. 5, 1938), p. 2640.

<sup>1</sup>*Federal Register*, vol. 3, no. 207 (Oct. 22, 1938), p. 2532; no. 216 (Nov. 4, 1938), p. 2627.

*Publications available from State National Youth Administrations* Revisions released in 1938 are available of a number of the vocational information studies prepared by a group of workers in the Works Progress Administration Education Program of the Chicago Board of Education under the direction of the National Youth Administration Division of Guidance, Placement, and Apprenticeship. The revised studies, which can be obtained from the National Youth Administration of Illinois, include the following:

Machinists' Occupations (No. 2, May 19, 1938; 32 pp.).  
 Farming (No. 5, Mar. 1, 1938; 49 pp.).  
 Meat Packing (No. 6, Mar. 11, 1938; 32 pp.).  
 Radio Industry (No. 8, Mar. 29, 1938; 30 pp.).  
 Store Occupations (No. 9, Jan. 21, 1938; 42 pp.).  
 Air Transportation (No. 12, June 15, 1938; 36 pp.).  
 Candy Making (No. 17, Apr. 30, 1938; 23 pp.).  
 Nursing (No. 18, Apr. 27, 1938; 23 pp.).  
 Air Conditioning (No. 20, Jan. 31, 1938; 28 pp.).  
 Millinery (No. 21, July 2, 1938; 25 pp.).  
 Furniture Industry (No. 22, Apr. 10, 1938; 38 pp.).  
 Hotel Occupations (No. 24, May 25, 1938; 26 pp.).  
 Radio Broadcasting (No. 26, May 28, 1938; 38 pp.).  
 Insurance (No. 27, Apr. 1, 1938; 42 pp.).  
 Electrical Appliances (No. 29, May 21, 1938; 30 pp.).

In addition, 1937 revisions of the following studies in the same series are available:

Clerical Workers (No. 14, Sept. 1, 1937; 33 pp.).  
 Laundry Occupations (No. 4, Mar. 9, 1937; 24 pp.).  
 Diesel Engineering (No. 10, May 21, 1937; 39 pp.).

Most of the Chicago studies are arranged in five parts: Introduction; occupations and qualifications; working conditions; employment possibilities; and bibliography. The mimeographing and

binding were done by young persons in part-time National Youth Administration employment.

From the National Youth Administration of West Virginia has been received *Ceramics: Vocational and Avocational* (Glenn S. Callaghan, State Director, Charleston, 1937; 41 pp., mimeographed). This presents a plan for the development of industrial-art courses in ceramics for elementary schools and for junior and senior high schools, and describes the employment possibilities of the industry.

The Lumber Industry of Washington, by William Ray Melton, has been issued as *Industrial Study No. 1* by the National Youth Administration of Washington (Tacoma, 160 pp., mimeographed, undated). The introduction deals with the general historical and economic background of the industry. One chapter describes the functional organization of the industry by divisions; another, occupations, qualifications for employment, and working conditions. The future of the industry is also discussed. Bibliography and glossary are included. Part-time National Youth Administration workers assisted in the illustrating and in the mimeographing of this volume.

*Report of labor legislation* The Division of Labor Standards of the United States Department of Labor has issued as Bulletin No. 19, *Digest of State and Federal Labor Legislation Enacted July 1, 1937, to July 1, 1938* (Washington, 1938; 25 pp.).

The laws are summarized by States. The subjects covered include apprenticeship; child labor; hours of work; industrial home work; minimum wage; safety, health, and sanitation; and workmen's compensation.



## FIFTH NATIONAL CONFERENCE ON LABOR LEGISLATION

The Fifth National Conference on Labor Legislation called by the Secretary of Labor met in Washington, D. C., November 14-16, 1938. The Conference was opened by the Assistant Secretary of Labor with an address on the subject: Progress in Labor-Law Administration and Immediate Problems Facing Administrators. State representatives reported on programs for coming legislative sessions and needs of State labor departments.

Reports were heard from standing committees on wages and hours, industrial homework, child labor, wage payment and wage collection, and extension of labor-law protection to all workers; and from conference committees on prevention and compensation of industrial accidents and diseases,

apprenticeship, relations between organized labor and labor-law administrators, strengthening State labor departments, and cooperation of Federal and State labor departments.

On the evening of November 15 an informal dinner was held at the Mayflower Hotel, with the Secretary of Labor as chairman and the Secretary Agriculture as guest speaker.

The third and closing day of the Conference was devoted to a consideration of plans for State cooperation in the administration of the Fair Labor Standards Act. The discussion was led by Elmer F. Andrews, Administrator of the Wage and Hour Division, and Katharine F. Lenroot, Chief of the Children's Bureau.

BOOK AND PERIODICAL NOTES  
(Child Labor)

INSPECTION MANUAL. Division of Labor Standards (U. S. Department of Labor) Bulletin No. 20, Washington, 1938. 169 pp.

Suggested procedure for the enforcement of laws on safety and health, hours, minimum wage, child labor, industrial home work, wage payment, and wage collection is contained in this loose-leaf bulletin for the use of State labor departments.

The material was prepared in accordance with the request of the Second National Conference on Labor Legislation.

YOUTH IN THE WORLD OF TODAY, by Maxwell S. Stewart. Public-Affairs Pamphlet, No. 22. Public Affairs Committee, 8 West Fortieth St., New York. 1938. 40 pp. 10 cents.

This pamphlet was prepared in cooperation with the staff of the American Youth Commission of the American Council on Education by the Public Affairs Committee, of which Robert P. Lane is chairman, and Lyman Bryson, vice chairman.

Under the headings Youth in School, Youth at Work, Youth at Play, Youth in Action, and so forth,

it summarizes in popular form some of the findings of recent studies, chiefly the Maryland study of the American Youth Commission, the survey of unemployed youth made by the Welfare Council of New York City, and the report of the Advisory Committee on Education.

A NEW DEAL FOR YOUTH, by Betty Lindley and Ernest K. Lindley. Viking Press, New York. 1938. 309 pp. \$3.

Material for this account of the activities of the National Youth Administration was obtained through a survey made during the first 4 months of 1938, supplemented by data from the files of the organization. In the foreword Charles W. Taussig, Chairman of the National Advisory Committee of the National Youth Administration, discusses the "youth problem" which was pressing for solution in 1935, when the Administration was set up, and the difficulties with which the pioneer experiment was confronted. The authors have given a factual and noncritical summary of accomplishments, containing photographs, numerous case stories, and more than 70 pages of statistics.

# SOCIALLY HANDICAPPED CHILDREN

## P A T E R N I T Y   L A W S

In a recently completed analysis of State laws relating to the establishment of paternity and support of a child born out of wedlock<sup>1</sup> the Children's Bureau found that a large number of these laws were not adapted to changing attitudes toward illegitimate birth and present social conditions or to the socialized procedures used by the courts in all situations involving family relations and the welfare of children.

Paternity laws are a direct outgrowth of the bastardy laws enacted during the eighteenth and nineteenth centuries, the purpose of which was to obtain from the father of a child born out of wedlock reimbursement of public expenditures for the child's care. The laws of many States have been completely revised so that the primary motive underlying the initiation of action in the court is to safeguard the welfare of the child and to obtain support for him from his father. Yet in about half of the laws the child is still referred to as a bastard and in even a larger number a public department may initiate action if the child becomes a public charge.

One of the significant developments in paternity legislation is the gradual increase in the number of States that have placed jurisdiction of paternity cases in juvenile or domestic-relations courts, rather than in courts having general jurisdiction in criminal and civil cases. This plan has definite values, since it increases the possibility of use of socialized procedures. Unfortunately the procedures outlined in most paternity laws place definite restrictions on the use of chancery procedures, although such procedures may be used in other adult cases in these newer courts.

The establishment of the paternity of a child may be accomplished in two ways: (1) Through a legal record of the acknowledged facts of the child's parentage, or (2) through court action in which the putative father is the defendant and on

proper proof shown may be adjudged the father of the child. The basic philosophy underlying most paternity laws is that paternity always must be proved. This is clearly shown by the terminology used in the laws and by such preliminary procedures as arrest on warrant, preliminary hearing in a minor court, and requirement of bond or detention in jail for appearance at trial. In contrast to this philosophy is the experience of courts and social agencies, which has shown that many men if approached in an understanding and helpful way will acknowledge paternity.

Paternity legislation should be adapted to these two situations and should be so drafted that action can be initiated on a petition to acknowledge paternity as well as on complaint or the mother of the child. Authority for the court to issue a summons, a warrant of arrest, or other processes in order to secure attendance of the putative father should be given when action is initiated on complaint, as this will eliminate the necessity of a preliminary hearing in a minor court.

Other provisions found in some of the present paternity laws that should be given consideration by persons interested in drafting such legislation are: (1) Exclusion of the public from all hearings; (2) continuing jurisdiction of the court with authority to change and modify the order for support when this is deemed desirable; (3) provision for holding the adjudged father liable to pay the judgment even if he has served a jail sentence for failure to fulfill conditions imposed by the court; (4) authority for the court to place the adjudged father on probation as a means of enforcing the support order and to require a bond with surety only when this is considered desirable; and (5) provision for assuring that funds will be used for support of the child by requirement that all payments be made through a public-welfare agency or through the court, whether such payments are made through settlement or after court hearing, in a lump sum or in installments at periods designated by the court.

<sup>1</sup>Paternity Laws; analysis and tabular summary of State laws relating to paternity and support of children born out of wedlock in effect January 1, 1938. U. S. Children's Bureau, Chart No. 16, Washington, 1938. 83 pp.

## NEWS AND READING NOTES

*Council on Interstate Migration* The formation has been announced of a new organization, the Council on Interstate Migration, which will concern itself with problems arising from migration within the United States. The executive committee, headed by Dr. Ellen C. Potter, has been incorporated under the laws of New York State and selections for membership are now being made.

The council will continue and expand the work done by the Committee on Care of Transient and Homeless during the past 6 years and will seek to obtain greater participation in its activities by other agencies and groups, National, State, and local.

The objects of the council are as follows:

1. To encourage the study of social problems arising from and connected with migration within the United States.

2. To serve as a clearing house for information among National, State, and local agencies, groups, and individuals interested in such problems.

3. To facilitate joint planning and conference among governmental and nongovernmental groups concerned with such problems.

4. To make such studies as may be necessary to carry out these purposes.

(Statement of Council on Interstate Migration, Room 1807, RKO Building, New York.)

*Foster-home care for children with special needs* "Foster-Home Care for Handicapped Children," by Elizabeth E. Bissell is an account of the program of the Children's Mission to Children, Boston, (*Bulletin*, Child Welfare League of America, vol. 17, no. 7 (September 1938), pp. 1-2, 6-7). This agency deals with perhaps 500 children in a year, and uses foster-home care for about half of them. About 50 percent of the children receiving foster-home care are suffering from heart difficulties or are rheumatic-fever patients, many of them bed patients. Other conditions cared for are orthopedic, post-operative conditions, tuberculosis contacts, anemia, malnutrition, and asthma.

"Family Care and Training of Mentally Deficient Children Under the Supervision of the

Children's Home of Cincinnati, Ohio," by Myra W. Kuenzel, appears in the October 1938 issue of the *Children's Home Record*, published by the Children's Home (909 Plum St., Cincinnati, pp. 5-11). It states that a recent survey disclosed that more than 100 of the children supervised by the Children's Home are mentally deficient; white children outnumbered the colored three to one. Except for the cases (one-third of the white and one-fifth of the colored) who were so low-grade, crippled, unstable, or delinquent that institutional care was considered advisable, the mentally deficient children were almost all living in private homes. Special instruction is given the foster mothers about the training of subnormal children in social attitudes and various suitable types of work.

*Statistics of special schools and classes for exceptional children*

The United States Office of Education has issued as a separate bulletin, chapter VI of volume II of the Biennial Survey of Education in the United States: 1934-36, "Statistics of Special Schools and Classes for Exceptional Children" (Bulletin, 1937, No. 2, Washington, 1938; 179 pp.).

The general summary states that only two groups for which data were reported failed to show an increase in special class enrollment since 1931: These are the socially maladjusted children and the gifted children.

With reference to the former, emphasis has shifted to the child-guidance clinic as the medium of treatment to such a marked extent that it is not surprising to find a material decrease in provisions made through special day schools and classes. The education of gifted children has always constituted a subject for debate, with a rather definite difference of opinion as to the effect of membership in a special class upon their social adjustment.

Increases were shown in the number of children enrolled in special schools and classes for the following groups: Blind and partially seeing children, deaf and hard-of-hearing children, mentally deficient children, delicate children (anemic, tuberculous, and cardiac cases), crippled children, and speech-defective children.



# BOOK AND PERIODICAL NOTES

(Socially Handicapped Children)

RESEARCH STUDIES FROM THE PSYCHOLOGICAL CLINIC OF THE CHILDREN'S AID SOCIETY OF BUFFALO AND ERIE COUNTY, by Clara Harrison Town, Buffalo. 1938, Processed. 39 pp. 25 cents.

This pamphlet, presenting two studies from case records in the files of the Buffalo clinic, may be obtained from the Children's Aid Society, 70 West Chippewa Street, Buffalo, N. Y. Study I, "The intelligence quotient: Is it a constant value?" was based on results of intelligence tests made at varying intervals on each of 844 persons. This study demonstrates that an intelligence quotient found at one period of a child's life will not necessarily persist in later years.

Study II, "A comparative study of United States white, United States Negro, Polish, and Italian groups," covered 1,673 persons grouped according to the system used by the United States census. This report gives data on mental deficiency, behavior problems, and illegitimacy. It shows a significant overlapping of the mentally deficient and behavior-problem groups, which the author attributes to the failure of the community to provide occupation for the mentally deficient who are not in institutions.

A HISTORICAL SUMMARY OF STATE SERVICES FOR CHILDREN IN MASSACHUSETTS. Children's Bureau Publication No. 239 (part 4), Washington, 1938. 50 pp.

Like the studies of State services for children in Ohio, New York, and Alabama, which comprise parts 1, 2, and 3 of this report, the purpose of the Massachusetts study is to portray for students of public-welfare administration the development of State welfare administration, especially in its relation to services for children.

The Massachusetts report begins with the establishment of State schools for delinquent boys in 1847 and for delinquent girls in 1854, and ends with 1934, when a field visit was made to Massachusetts by members of the Children's Bureau staff. Changes that have occurred in organization and services since 1935 are not included in this historical account.

SOCIAL CASE RECORDING, by Gordon Hamilton. Second edition. Columbia University Press, New York. 1938. 219 pp.

In preparing the second edition of this book, the author has clarified the terminology relating to the main recording form, has made several corrections in the text, and has added new illustrations of periodic summaries, treatment evaluations, and group "process." Chapter IX, Recording in Public Assistance, has been rewritten to conform more closely to conditions in public-assistance agencies, and a glossary of recording terms has been appended.

AN EXPERIMENT IN DETENTION CARE. Reported by Marjorie S. Wallace. *Eightieth Foundation Forum*, August 1938, pp. 11-33. (Buffalo Foundation, 361 Delaware Ave., Buffalo, N.Y.).

For 6 years the Children's Court of Erie County has been using foster homes for detention care of children awaiting disposition of their cases. This report shows that in January 1938 three foster homes were being used as receiving homes--one for white boys, one for white girls, and one for Negro children--and 10 homes for detention service. The selection of a group of suitable foster homes for receiving and detention care was a slow process, requiring an experienced home finder. The requirements include location near the court, ownership of the house by the foster parents; and, in the receiving homes, constant availability of the foster parents. Homes where there were children under 16 years of age were not selected.

The detention service in Buffalo is designed primarily for delinquent children, who make up the great majority of children receiving detention care. Defective children brought in as delinquents constitute a problem, as they require constant watching and often have to remain in detention several months before they are transferred to State institutions for the mentally defective. Transient children are usually held in the receiving homes, as separate as possible from local children.

## GENERAL CHILD WELFARE

*Annual meeting  
of National Society  
for the Prevention  
of Blindness*

Presentation of the Leslie  
Dana gold medal to Ellice  
M. Alger, M.D., will be made  
at the annual meeting of the

National Society for the Prevention of Blindness,  
which takes place December 1, 1938, at 4 p.m. at  
the Russell Sage Foundation Building, New York.  
Dr. Alger will give an address, "Prevention of  
Blindness From the Ophthalmologist's Point of  
View."

A talking slide film on the nurse's respon-  
sibility in saving sight will be shown at the  
meeting.

*Red Cross  
publishes  
flood-relief  
report*

"The Ohio-Mississippi Valley Flood  
Disaster of 1937" is the title of  
the report on relief operations of  
the American Red Cross during the  
1937 flood (Washington, 1938, 252 pp.).

The report states that the Ohio-Mississippi  
Valley flood, which was chronologically disaster  
number 2,123 in American Red Cross experience, was  
also the most extensive disaster, from the point  
of view of amounts expended, in Red Cross history,  
and that "there is no evidence that we have yet  
succeeded in preventing or even materially reduc-  
ing the hazard of major disaster in the United  
States."

Although the flood occurred in midwinter and  
although the prevalence of influenza and pneu-  
monia at the time necessitated additional medical  
and nursing measures, the report states that the

loss of life and incidence of disease resulting  
from the flood appears to have been surprisingly  
low. According to the United States Public Health  
Service, loss of life and incidence of disease  
among the persons given emergency care were ac-  
tually less than might have been expected at that  
time of year normally among the persons involved.  
Some 790,000 inoculations, chiefly against typhoid  
and diphtheria, were given, leaving the population  
better fortified against these diseases than be-  
fore the flood.

Recreation and study activities especially  
for children in the tent cities and concentration  
centers, organized as a Junior Red Cross project,  
are described. Junior Red Cross members through-  
out the country contributed not only funds, but  
toys, games, books, and other items.

Extensive tables are included, giving details  
of relief expenditures in each of the 12 States  
most seriously involved in the flood.

*General  
Federation  
of Women's  
Clubs issues  
report*

The Official Report of the Second  
Triennial Convention of the Gen-  
eral Federation of Women's Clubs,  
held May 10-17, 1938, in Kansas  
City, Mo., has now been issued  
(G.F.W.C. Headquarters, 1731 N St., NW., Washing-  
ton, D. C., 1938; 448 pp.).

Addresses on a variety of subjects are in-  
cluded, also a list of the awards presented, and  
a directory of officers.



# OF CURRENT INTEREST

## FOREIGN CONFERENCES IN 1939

The Fourth World Congress of Workers for Cripples will convene in London, England, on July 15, 1939, and continue through July 22. This Congress is under the auspices of the International Society for Crippled Children and the Central Council for the Care of Cripples.

Subjects to be considered include preventive orthopedics in childhood; vocational training and subsequent employment of the crippled child, and the industrial cripple. Reservations can be made through Frances Shirley, Chairman, Transportation Committee, 1126 Denniston Ave., Pittsburgh, Pa. (*Crippled Child, International Society for Crippled Children, Elyria, Ohio, August 1938.*)

The World Federation of Education Associations will hold its eighth biennial conference in Rio de Janeiro in August 1939 at the official invitation of the Brazilian Government. Two cruises are being arranged, sailing from New York about July 1 and taking approximately 57 days; the minimum fare is expected to be about \$500. Everyone interested is asked to write at once to Federation headquarters, 1201 Sixteenth St. NW., Washington, D.C., so that adequate transportation arrangements may be made. (*Statement from World Federation of Education Associations.*)

The Eighth Pan American Child Congress will be held in Costa Rica, June 26-July 2, 1939.

## CONFERENCE CALENDAR

1938		Dec. 28-30		American Association for Labor Legislation; American Economic Association; American Farm Economic Association; American Sociological Society; and allied groups. Annual meetings, Detroit.	
Nov. 30-Dec. 3	Pacific Coast Society of Obstetrics and Gynecology. Los Angeles. Secretary: Dr. T. Floyd Bell, 400 Twenty-ninth St., Oakland, Calif.	Dec. 29-30		American Student Health Association. New York. Secretary: Dr. Ruth E. Boynton, Students Health Service, University of Minnesota, Minneapolis.	
Dec. 9-11	American Public Welfare Association. Third annual round-table conference. Wardman Park Hotel, Washington, D. C.	1939		Jan. 20-21	
Dec. 12-14	American Farm Bureau Federation, Associated Women. New Orleans, La.			National Public Housing Conference. Washington, D. C.	
Dec. 27-31	American Association for the Advancement of Science--section on Medical Sciences. Symposium on Mental Health. Richmond, Va.			Feb. 1	Social Hygiene Day. Sponsored by American Social Hygiene Association, 50 West Fiftieth St., New York.
Dec. 27-30	American Statistical Association. One-hundredth annual meeting, Detroit. Information: F. F. Stephan, Secretary, 722 Woodward Bldg., Washington, D. C.			Feb. 23-24	Inter-American Bibliographical and Library Association. Second convention, Washington, D. C.

# THE CHILD

## MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

+

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

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# THE CHILD — MONTHLY NEWS SUMMARY

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price \$1 a year; postage additional outside the United States.

# THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

## PUBLIC-HEALTH NURSING IN MATERNAL AND CHILD-HEALTH SERVICES

BY HORTENSE HILBERT,  
PUBLIC HEALTH NURSING CONSULTANT, CHILDREN'S BUREAU

Maternal and child care has been a major concern of public-health nurses since public-health nursing began--as a matter of fact, it can be said to have been a foremost factor in the development of public-health nursing. It is, therefore, to be expected that expansion in public-health nursing should accompany the increase in special maternal and child-health services as well as the increase in general public-health services by Federal and State governments made possible through the Social Security Act.

A comparison of the census of full-time public-health nurses in the United States as of January 1, 1938 (taken by the public health nursing consultants of the United States Public Health

Service and the Children's Bureau through the State departments of health), with the census of the National Organization for Public Health Nursing as of January 15, 1931, gives the following statistical evidence of expansion during this 7-year period:

There has been an increase of 22 percent between 1931 and 1938 in the total number of full-time public-health nurses (from 15,915 to 19,390).

There has been an increase of about 45 percent in the total number of public-health nurses employed in rural areas (from 4,519 to 6,556).

There has been an increase of nearly 37 percent in the number of public-health nurses employed by governmental (or official) agencies during this same period (from 9,724 to 13,349).



PUBLIC-HEALTH NURSE DEMONSTRATING CARE OF NEWBORN BABY IN THE HOME

These figures, of course, refer to all types of public-health nurses, in generalized and specialized fields, the majority of whom, but not all of whom, include maternal and child care in their services.

Another indication of the extent to which public-health nursing is now represented in the State programs for maternal and child health can be obtained from data on amounts budgeted from Federal funds and State and local matching funds for the year ending June 30, 1939 (taken from 1939 plans submitted by the States). Of the grand total of funds budgeted, about 53 percent are intended for salaries and travel of public-health nurses. This closely coincides with the estimate of 50 percent widely quoted as the proportion of funds which departments of health in general expend for public-health nursing.

In spite of the increase in the number of public-health nurses in the United States as a whole, it is generally considered that three times the present number are required if there is to be an equitable distribution of service throughout the rural and urban communities of the Nation and if generalized public-health nursing, including bedside care, is to be available to all mothers and children and to all other family members as well. There are still more than 900 counties in the United States where no public health nursing service can be obtained.

In the State and Territorial departments of health, which are the official agencies responsible for carrying out the maternal and child-health provisions of the Social Security Act, several types of organization and administration exist for providing public-health nursing. Information from reports covering the fiscal year ended June 30, 1938, shows that there were:

Twenty-seven separate bureaus and divisions of public-health nursing coordinated administratively with other divisions of the State health department.

Eighteen units of public-health nursing organized as part of another division--14 in maternal and child-health divisions and 4 in divisions of local health work.

Six units of public-health nursing organized as part of the central administration of the State department of health and serving all other divisions of the State department of health that require public health nursing service.

The number of separate units of public-health nursing coordinate with other divisions, but not part of them, and the number of units that are part of the central administration are increasing, whereas the number of agencies in which public-health nursing is a part of another single administrative division is rapidly decreasing. This shows a healthy tendency toward broadening of public health nursing services rather than toward restriction or specialization.

A family-health service whereby one public-health nurse functions both in bedside care and in health education with regard to various conditions occurring at various ages is the end to which public-health nurses and others concerned and interested in public health have directed their efforts for some time. This has now come to be a reality in many rural and urban communities.



THE PUBLIC-HEALTH NURSE CALLS AT A RURAL HOME

Whatever the type of administration in effect for conveying public health nursing services, the necessity of considering definite measures for maintaining a higher level of performance in each type of service, particularly in one so far-reaching as maternal and child health, is generally recognized. For that reason the public health nursing consultant with advanced preparation in maternal and child health is coming to be an indispensable adjunct to the personnel of the State department of health. The consultant serves as a teacher to general public-health nurses whose family health services to a great extent include care of the mother and child.



This recognition was shown by the appointment, before the end of June 30, 1938, of special public health nursing consultants in maternal and child health in 21 State and Territorial departments of health; in 12 additional States this special type of consultation had been made available through more generalized types of workers who also have other duties.



NURSE-MIDWIFE DEMONSTRATING CARE OF GLOVES TO MIDWIFE. CONTENTS OF MIDWIFE BAG DISPLAYED ON TABLE.

The maternal and child-health services as carried out by public-health nurses under the State plans, predominantly in conjunction with a general family health service, consist of teaching and health supervision in the home, in the clinic or conference, and in the classroom. The visit to the home is by far the most extensive and productive method employed and is supplemented by interpretation and demonstration at the clinic or conference and further supplemented by group education in the form of classes or clubs.

Nursing care and education of the mother before, during, and after delivery, and of the infant from birth to 2 years and throughout school age, have long been and still are the objectives of public-health nurses in maternal and child health, but they have been given with varying degrees of continuity and completeness. Surveys have shown that certain phases of this service, notably prenatal and infant-health supervision, were given more extensively and were of better quality than other phases. Postpartum and delivery services

were given in comparatively limited amounts, whereas preschool and school health supervision, although extensively provided, were in general of inferior quality. Now, greater opportunity is being created for filling in the gaps and for overcoming deficiencies in quality, and the results are already evident.

For instance, in the field of maternal care, home-delivery and postpartum nursing for the mother and newborn infant already are offered to a greater extent, particularly in rural areas. A recent summary of home delivery nursing services made by the public health nursing consultants of the Children's Bureau shows that nursing assistance at the time of delivery, given as a result of social-security provisions, is now guaranteed to families and physicians in 50 areas of various sizes throughout the country, one of these being an entire State. There are, of course, a great many other communities where these services are available to some extent, although not guaranteed, and where similar services are offered by nonofficial as well as official local health agencies.

Although the actual quality or content of public-health nursing now available to mothers and children cannot readily be measured, it is to be expected that the further preparation in public-health nursing and in maternal and child care, extensively provided for public-health nurses through stipends from social-security funds, should gradually bring about improvement in quality of care.

In view of the large number of public-health nurses involved in the State and local maternal and child-health programs and the large proportion of maternal and child-health service which public-health nursing constitutes, it seems logical that the Children's Bureau, by Federal law responsible for that part of the Social Security Act which relates to maternal and child-health provisions, should obtain for itself and offer to the States consultation on the public health nursing aspects of these programs. This is given through a staff of six public health nursing consultants, one of whom functions as director of the Public Health Nursing Unit of the Bureau and five of whom function in five regions, the number of States in a region ranging from 8 to 13. These consultants serve both the Maternal and Child-Health Division

and the Crippled Children's Division of the Children's Bureau. This number of public-health nurses is obviously small when one considers that 72 State agencies (49 State and Territorial departments of health and 23 other State agencies administering services for crippled children) are utilizing their consultation service and when one considers, in addition, the wide scope of consultation requested.

Recommendations of the Interdepartmental Committee on Public-Health Nursing, the National Organization for Public Health Nursing, and the Committee on Standards of the State and Territorial Health Officers, as well as the recommendations of the advisory committees to the Children's Bureau on maternal and child health and on public-health nursing, have constituted important bases for this consultation. A review of activities of Children's Bureau consultants in public-health nursing shows that during the early stages of development of State maternal and child-health services the public health nursing assistance requested by the State departments of health was largely in the field of organization and administration: Assistance in obtaining qualified personnel for various types of positions; amounts and kinds of supervision needed; plans for in-service education for public-health nurses and for further education outside the agency; selection of areas to demonstrate delivery services in the home to strengthen and improve other maternity nursing services; the selection and use of special public health nursing consultants for maternal and child-health services.

During the past year the emphasis has shifted more and more from administration and organization per se to nursing content, to public health nursing method and techniques, and, to a larger extent than before, to improvement of quality of public health-nursing service through more and better-supervised and better-qualified personnel.

The public-health nurse is the worker relied upon to bring to the family health knowledge in forms and ways best understood, not only to relieve the situation of the moment, as in sickness, but also to carry over some health education for the future. In order to fulfill this function satisfactorily a public-health nurse, in addition to the knowledge and skills inherent in nursing, must have the additional academic and professional preparation that enables her to influence the ideas and health practices of persons of all economic and educational circumstances and also to conceive of her services and to apply them on the broad scale implied in the term public health.

Aware of the economic and social factors that influence the health conditions she meets day by day from home to home, she is prepared to assist families in the use of all health resources that exist in their communities. She helps also to assess the health needs of the population which she serves. Through intelligent use of her information of these needs, and through her particularly intimate services in sickness and health to many families of the communities, the public-health nurse can give invaluable aid toward enlarging resources and toward overcoming the many inequalities that now exist in health services.



## STIMULATING INTEREST IN A COMMUNITY CHILD-WELFARE PROGRAM

By NELL MONTGOMERY,  
LOCAL UNIT WORKER, MISSOURI CHILD-WELFARE SERVICES

The development of community consciousness can be traced in the definite change that has taken place in community-wide participation in child-welfare service in Linn County, Mo., one of three counties in a special unit, in the period of 2 years since child-welfare services began there.

From June until December 1936 preliminary studies of conditions and needs for special child-welfare services were being made in northern Missouri. Demonstration work was carried on by one worker in 14 counties during the time when child-welfare services were first being introduced throughout the State. Because of the ability of these three communities to see the total needs of children and their responsive activity directed toward meeting these needs, the child-welfare worker concentrated her efforts on Linn County and two other counties comprising the Twelfth Judicial Circuit.

The worker chose the city of Brookfield, situated in Linn County, as her focal point, because of the interest shown by the public officials and the circuit judge. It was thought that the district worker who had worked with the communities in discovering the needs was in a better position to carry out the actual work than was any other staff member. Because of a realization of the children's need, the circuit judge asked the three county courts in his circuit to contribute toward the expense of keeping the worker full time. The public officials indicated their interest and concern by asking child-welfare services to establish a local unit.

Brookfield, a city of 6,250 population, was formerly a railroad and mining center with one small branch factory. The railroad shops have been removed; the coal-mining industry is not so profitable as it formerly was; the factory is operating on such a small scale that it is necessary for its workers to have other employment to make a living wage. At present Brookfield is largely an agricultural community.

Before 1936 only the church groups, men's service clubs, and some county officials were participating in child-care and protection work. There appeared to be a lack of interest on the part of the citizens in regard to local conditions contributing to juvenile delinquency. In the summer of 1937 it became necessary for the child welfare service worker to place in a foster home 13-year-old John, who had been placed on probation to her by the Juvenile Court because of a long series of delinquencies consisting of stealing, hitchhiking, and truancy. The foster mother lived in a neighborhood where a member of the county court, a county Social Security Board member, and other leading citizens also lived. The placement of a problem boy in a foster home proved an excellent object lesson for the officials and prominent community members.

Coupled with the interest in John were a growing recognition of the volume of juvenile delinquency and a growing interest in means for prevention fostered by the Council of Religious Education over the State. The child-welfare worker spoke at a number of clubs and Sunday-school groups. Gradually the community became more conscious of an unfortunate situation that had existed for a long time. Of 203 children who constituted the child welfare case load, 18 needed temporary substitute care outside their own homes. Because of a seeming lack of local resources to meet the situation and the undesirability of sending children who needed institutional care away from their own communities to an institution in a distant county, a group of women representing several church groups and women's clubs suggested establishing a children's home for the county. The impracticability of such a plan was soon discovered by the group itself, and they decided that "children need homes with a little 'h' rather than a big 'H'." They turned their attention to suggesting boarding homes that might be found suitable after investigation by the worker.

The local Rotary Club offered to sponsor any movement suggested by the child-welfare worker for the improvement of local conditions for children. From this display of community interest two projects of major importance had their origin. One was the establishment of a recreational program. The other was the establishment of a permanent child-welfare circle.

At first it was planned to ask the various clubs to sponsor a recreational program, but the mayor and members of the park board volunteered to furnish \$300 for equipment. The town had three excellent parks and playgrounds, which were utilized. Under the Works Progress Administration recreational program four recreational supervisors, three white and one colored, were selected, and the program is now in full operation.

The men's group, the representatives of women's clubs, the public officials, and circuit judge met with the worker to discuss the child-welfare needs of the county. The county court agreed to pay board in a foster home for any child needing boarding care upon the suggestion of the child-welfare worker in conference with the circuit judge. The circuit judge utilized the worker's study and evaluation of each situation and knew the need for boarding-care resources. Thirty representative women at this dinner meeting formed the Linn County Child-Welfare Circle. The constitution adopted states that the function of the group is to aid the district child-welfare worker in promoting better living conditions for dependent and underprivileged children

and to bring cases in need of foster care to the attention of the child-welfare worker.

The child-welfare circle meets once a month and has become a source of stimulation and encouragement to the entire county welfare department. Interest in the work of the group is slowly spreading and more persons are asking to join. One of the main objectives of the group at present is to develop an awareness of child-welfare problems and to arouse sufficient community interest to meet them. The members derive a great amount of satisfaction in working with tangible problems. At some of the first meetings the most popular project was providing dresses for girls and suits for boys who were not otherwise able to have them, in the graduating class at school. In one case, members visited a motherless family and gave stimulus to the adolescent girls in the family by helping them to make the home more attractive.

The following projects have developed: Vacation "made jobs" for children needing work activity and spending money; "friendly visiting" in cases similar to the one described above; volunteer work along the lines followed by Big Sister organizations; tutoring service for children who need special scholastic help (there are no opportunity rooms in the county schools); the reading and reporting of current child-welfare literature; speeches on child welfare by individual members before other groups; and assistance in obtaining applications to receive children for foster boarding-home care.



## NEWS AND READING NOTES

*Proceedings of Conference on Better Care for Mothers and Babies available*

The Children's Bureau has published the Proceedings of Conference on Better Care for Mothers and Babies, held in Washington, D. C., January 17 and 18, 1938, as Bureau Publication No. 246 (Washington, 1938; 171 pp.). Single copies are available on request while the supply lasts.

The foreword summarizes the history and background of the Conference, its organization, and the resultant appointment of a continuing committee to give a clearance service to the participating organizations and to assist in the effort to increase public interest in better care for mothers and babies.

The proceedings of the Conference are given in complete form, from the opening statement by the Chief of the Children's Bureau and the address of welcome by the Secretary of Labor, to the concluding address, The Goal We Seek, by the Honorable Josephine Roche, chairman, Interdepartmental Committee To Coordinate Health and Welfare Activities, and the reports of the conference committees on professional resources, on community resources, on resources of citizens' groups, and on findings.

There are six appendixes to the volume, containing the list of persons attending the Conference and organizations represented; factual material provided to members of the Conference; the text of sections of the Social Security Act relating to grants to States for maternal and child-health services; maternal and child-health services under the Social Security Act; recommendations with respect to extension of maternal and child-health services made by the General Advisory Committee on Maternal and Child-Welfare Services, April 7-8, 1937; and recommendations of the Conference of State and Territorial Health Officers, April 9, 1937.

*Proceedings of conference on State child-welfare services available*

The Children's Bureau has published the Proceedings of the Conference on State Child-Welfare Services, Washington, D. C., April 4-6, 1938 (Maternal and

Child-Welfare Bulletin No. 3, Washington, 1938; 155 pp.), and single copies are available on request. This report contains the address by the Honorable David C. Adie, commissioner, New York State Department of Social Welfare, on some aspects of child-welfare service; and the address by Dr. James S. Plant, director, Essex County, N.J., Juvenile Clinic, on positive programs of child welfare.

Also contained in the proceedings are papers and discussion on the following topics: Relation of child-welfare services to aid to dependent children; mental-hygiene problems and services in rural communities; relation of child-welfare services to foster care; development of local resources for care and protection of children; case recording in local public agencies; and development of services for rural children within a State child-welfare division.

*Medical social work in relation to public-health nursing* The October 1938 *Bulletin of the American Association of Medical Social Workers* (vol. 11, no. 3) contains two papers discussing the relation of medical social work to public-health nursing.

The point of view of the public-health nurse is given by Dorothy Deming, general director, National Organization for Public Health Nursing; that of the medical social worker, by Ruth E. Lewis, assistant professor of medical social work, Washington University, St. Louis.

## ERRATUM

The table, "Federal Grants to States for Maternal and Child-Welfare Services Under the Social Security Act," on pages 23-29 of *The Child* for October 1938, contains an error in the last column. The amount of Federal funds requested by Pennsylvania for child-welfare services for the fiscal year 1939 should have been given as \$129,780. The total amount requested by all States is given correctly in the table as \$2,150,633.80.

# MATERNAL, INFANT, AND CHILD HEALTH

## NEWS AND READING NOTES

*National Society  
for the Prevention  
of Blindness  
appoints medical  
director*

The appointment of Dr. J. Warren Bell as medical director was announced in November by the National Society for the Prevention of Blindness. Dr. Bell was formerly director of maternal and child health in the State of Nebraska. Before that, he was director of the Division of Maternal and Child Health in the Cattaraugus County Health Department, New York.

The addition of Dr. Bell to the staff is expected to enable the National Society for the Prevention of Blindness to cooperate more closely

with the medical profession and with local, State, and National health officers and associations. (Release from National Society for the Prevention of Blindness, 50 West Fiftieth St., New York.)

*Rickets  
article  
revised*

An article on Rickets by Martha M. Eliot, M. D., and Edwards A. Park, M. D., published as chapter 36 of Brennenman's Practice of Pediatrics, volume 1 (W.F. Prior Co., Hagerstown, Md., 1937), has been rewritten and new material added. The rewritten chapter contains 110 pages instead of 67, and has been distributed to subscribers to the original publication.

## BOOK AND PERIODICAL NOTES

OBSTETRIC EDUCATION, by Edwin F. Daily, M.D. Student Section, *Journal of American Medical Association*, vol. 111 (October 1, 1938), pp. 1333-1335. Single copies of reprints available from the Children's Bureau while the supply lasts.

Replies of 2,538 recent graduates of 61 medical schools to a questionnaire on the study of obstetrics sent by the Children's Bureau are summarized in this article. Nearly all the graduates reported that their clinical training included examination and care of women during pregnancy, labor, and the postpartum period. Nineteen percent of them, however, had delivered no women in hospitals and 27 percent had delivered no women at home as part of their training. Fifty-nine percent had a total of 20 or fewer deliveries in hospitals and homes.

The author states that opportunities for practicing physicians to return to the larger teaching hospitals have been provided to a certain extent in several States and that an increase in the number of these may be expected in the near future.

TEACHABLE MOMENTS; a new approach to health, by Jay B. Nash. A. S. Barnes & Co., New York. 1938. 243 pp. \$1.50.

The chairman of the Department of Physical Education and Health of New York University, at the request of parents and educators who have heard him speak on the maintenance and promotion of health, has put in book form a résumé of many talks and conferences.

"When a child exhibits curiosity; when a child feels that differences make him conspicuous; when adults are scared; when parents want something better for their children"--these are the moments when lessons in the health field can be learned efficiently and rapidly, states the author. He believes that teachers should not merely "talk to children about certain health rules" out that they should seek the removal of foci of infection, the elimination of strain, the promotion of wholesome health habits, and the building of power for health.



# CHILD LABOR

## THE FAIR LABOR STANDARDS ACT AND STATE CHILD-LABOR LEGISLATION

The Fair Labor Standards Act, through the operation of its child-labor provisions, should stimulate the enactment of State child-labor laws that will bring the State standards up to those of the Federal law or higher. By the establishment of a Federal minimum for child workers, an objection that has often been raised against the improvement of State child-labor standards is removed; i.e., the objection that a State which raises its standards above those of other States is placed at a competitive disadvantage in the marketing of its products. Experience during previous periods when Federal regulation of child labor was in effect, both under the Federal laws operative between 1916 and 1922 and under the National Recovery Administration codes in effect from 1933 to 1935, has shown that greater improvements are made in State child-labor legislation during such a period than when there is no Federal minimum and only State laws are operative.

Advances along the lines recommended by the International Association of Governmental Labor Officials which met in Charleston, S. C., last September, and by the Fifth National Conference on Labor Legislation, which met in Washington in November, are as follows:

A. Minimum age of 16 for employment at any time in factories or in connection with power-driven machinery, or during school hours in any

occupation; minimum age of 14 outside school hours except in factory occupations or in any occupation otherwise prohibited by law or ruling.

B. Prohibition of employment of minors under 18 years of age in occupations particularly hazardous or detrimental to their health or welfare, with power placed in the State department of labor to determine, after hearings, occupations that are particularly hazardous or detrimental to the health or well-being of such minors.

C. Requirement of employment certificates for minors up to 18 years of age employed in any occupation, to be issued only on (1) presentation of transcript of birth certificate or, if this is not obtainable, presentation of other adequate documentary evidence of age, (2) proof of physical fitness for the contemplated employment, (3) promise of employment, and (4) school record. Age certificates to be issued on request for minors 18 and over.

D. Provision for adequate supervision of issuance of employment and age certificates by the State department of labor or the State department of education, in order to strengthen administration and provide uniformity in issuance.

E. Compulsory full-time school attendance of all children up to 16 years of age and of boys and girls between 16 and 18 years of age who are not high-school graduates unless they are legally and regularly employed.

As in the past, the Industrial Division of the Children's Bureau is glad to respond to requests from the States for assistance in drafting amendments to child-labor laws and for consultation on administrative problems in this field.

## ACTION OF FIFTH NATIONAL CONFERENCE ON LABOR LEGISLATION IN REGARD TO CHILD LABOR

The Fair Labor Standards Act of 1938 should make possible the elimination of practically all child labor from industries in interstate commerce, states the report of the committee on child labor, which was adopted by the Fifth National Conference on Labor Legislation held in Washington November 14, 15, and 16, 1938, at the invitation of the Secretary of Labor:

It is most important, however, to recognize that the application of this act is limited to interstate commerce. The greater part of child labor today, outside of the field of agriculture,

is in local industries which do not cross State lines, such as laundries, restaurants, hotels, garages, repair shops, and mercantile establishments. Recent studies and reports of employment certificates issued indicate that at least three-fourths of the gainfully employed children under 16 years of age in the United States in nonagricultural employment are in industries of this type and, therefore, will not be benefited by the 16-year minimum-age provision of the Federal act.

In view of this fact, the report of the committee stresses the need for the adoption of the pending child-labor amendment to the Constitution

of the United States, giving the necessary authority to the Federal Government to do its share in cooperation with the States in eliminating this evil; and the need for bringing State child-labor laws applying to both interstate and intrastate industries up to the standards of the Fair Labor Standards Act. The report urges that States and communities enlarge their school facilities and adapt their school programs to meet changing needs, giving greater attention to guidance, and that full-time school attendance be required for all children under 16 years of age and for boys and girls between 16 and 18 years not regularly and legally employed, unless they have completed high school.

The following resolutions on child labor were adopted by the Conference:

Whereas Federal child-labor legislation covers only a part of the child labor now existing in the United States: Therefore be it

*Resolved*, That the Fifth National Conference on Labor Legislation recommend supplemental State legislation to perfect the cooperation of the States in the administration of the child-labor provisions of the Fair Labor Standards Act and to raise all State child-labor standards to those of the Fair Labor Standards Act; and be it further

*Resolved*, That the Fifth National Conference on Labor Legislation urge that every effort be made to complete the ratification of the pending Federal child-labor amendment.

Among other resolutions adopted were resolutions on apprenticeship, State wage and hour legislation, industrial home work, and workmen's compensation.

The reports of committees and resolutions adopted by the Fifth National Conference on Labor Legislation have been published by the Division of Labor Standards of the United States Department of Labor (Bulletin 25-A, Washington, 1938; 34 pp.). Copies can be obtained on request from the Children's Bureau or the Division of Labor Standards.

## NEWS NOTES

### *Child-labor regulations designating additional States issued*

Minnesota, Nebraska, South Dakota, and South Carolina were designated by the Chief of the Children's Bureau during November as States in which State age, employment, or working certificates shall have the same force and effect as Federal certificates of age under the Fair Labor Standards Act of 1938. These designations, issued as Child-Labor Regulations Nos. 7 and 8, published in the *Federal Register*, November 12 and November 26, 1938, respectively, bring the total number of designated States to 42, including the District of Columbia. The

designations are in effect for a period of 6 months from and after October 24, 1938.

### *Child-Labor Day, January 28, 29, or 30, 1939*

For more than 30 years the last week-end in January has been observed as Child-Labor Day, under the auspices of the National Child Labor Committee. January 28, 29, or 30 is set aside for this purpose in 1939. Persons wishing to obtain literature and posters can do so by sending 25 cents to the National Child Labor Committee, 419 Fourth Ave., New York. (*Bureau Correspondence.*)





# SOCIALLY HANDICAPPED CHILDREN

## ST. PAUL PROJECT IN THE PREVENTION AND TREATMENT OF JUVENILE DELINQUENCY

A meeting of the Advisory Committee to the Children's Bureau on the St. Paul project in the prevention and treatment of juvenile delinquency was held in Washington, D. C., November 18, 1938. The meeting was called by the Delinquency Division of the United States Children's Bureau, of which Elsa Castendyck is director, to discuss the purpose and policies of the project, which was begun about a year ago, and to plan future developments.

Members of the advisory committee who attended the meeting were: C. C. Carstens, executive director of the Child Welfare League of America, New York; Grace Coyle, assistant director of the School of Applied Social Sciences, Western Reserve University, Cleveland, Ohio; Almena Dawley, chief social worker of the Philadelphia Child Guidance Clinic, Philadelphia, Pa.; Dr. Douglas A. Thom, director of the Division of Mental Hygiene, Massachusetts State Department of Mental Diseases; and Mrs. Margaret Hunt Klein, director of the Calhoun County Department of Public Welfare, Anniston, Ala.

Alma Laabs, visiting teacher for the Wilder Charities, St. Paul, and Margaret Svendsen, psychiatric social worker with the Institute for Juvenile Research, Chicago, attended as consultants to the committee. Committee members who were unable to attend were Grace Abbott, Dr. H. E. Chamberlain, Dr. James S. Plant, Louise Clevenger, and Dr. Paul H. Furfey.

The St. Paul staff, consisting of Dr. Harold B. Hanson, psychiatrist, Dr. Jean Marquis Deutsche, psychologist, and Dwight Ferguson and Ruth Durward, psychiatric case workers, described the progress and present status of the work.

The project, locally known as the Community Service for Children, was organized for the purpose of study, research, and demonstration of the methods and techniques that can be used effectively in prevention and treatment of delinquency. It is now operating in a selected area in St. Paul, Minn., under the auspices of the United States Children's Bureau in cooperation with the St. Paul Community Chest and the Wilder Charities of St. Paul.

The development of welfare services, particularly child welfare, under public auspices has focused interest upon the need for integration of the various services for children provided by the community. From the beginning of its work the project has been interested in the relationships of authoritarian agencies, such as the police and the juvenile court, with administrative agencies dealing with children on a nonauthoritative and nonjudicial basis. For this reason the project has been concerned with the treatment and care of children who are referred to it because of behavior and personality problems but who are not considered delinquent. Research in the contribution of group work to the community and in the correlation of group work with case work in the treatment of individuals is also contemplated.

The selection of St. Paul as the center of activity was based upon the existence of a public child-welfare agency with a stable and long-continued record of service and upon the interest and cooperation of the schools, the social agencies, the Juvenile Court of Ramsey County, and the police. Tangible evidence of this interest is found in the contribution by the St. Paul Community Fund of office space for the project, and in the services of a visiting teacher furnished by the Wilder Charities. The activities of the project are limited to an area covering approximately 1.6 square miles, with a population of about 20,000 persons. The nationalities and the racial and religious backgrounds of the residents, and other social factors, such as the number of families receiving relief, the incidence of juvenile delinquency, the quality of the housing, and the existence of public and private recreation facilities and other social services, indicate that the area represents fairly average conditions of urban life.

In addition to case-work services to children referred by the schools, police, social agencies, and parents, the project has been concerned with the development of a recording system to aid in the evaluation and interpretation of material relevant to work on individual cases. It is hoped that this type of recording may be useful in

evaluating the case-work function of the project, in making comparisons of various types of cases, in comparing the cases studied with those handled by other methods, and in establishing the degree to which the project cases are representative of the problems coming to the attention of child-

welfare agencies and juvenile courts. Supplementary to these records are reports of all community contacts that are not primarily concerned with a particular family or child, such as reports on recreational work and interviews with leaders and agencies in the community.

## FOREIGN NOTES

### *Juvenile-delinquency provisions in new Penal Code of Switzerland*

Uniform methods of treatment of juvenile delinquents are prescribed for the Swiss Cantons in the

new Federal Penal Code of Switzerland, enacted in the summer of 1938. The code prescribes only general rules and leaves the details to the individual Cantons. About one-half of the Cantons now have juvenile courts.

The law does not apply to children under 6 years of age. Those between the ages of 6 and 14 years are considered as children; those between 14 and 18 years as young persons.

In all cases a thorough investigation, including a physical and mental examination, is required. The child or young person may also be placed under observation before a decision is reached in his case. The court ascertains whether or not the child is wayward or morally neglected or endangered. The treatment prescribed by the new code varies according to whether the case is that of a child under 14 or of a young person between 14 and 18 years.

The Cantons are directed by the code to appoint existing agencies or provide for the establishment of new agencies to deal with children and young persons under this code. The authorities may call upon private child-welfare societies to provide the necessary services.

The draft regulations for the administration of this code in the individual Canton must be

presented by each Canton to the Federal Council before December 31, 1940, for approval. The code becomes effective January 1, 1942. (*Schweizerisches Strafgesetzbuch, 1938.*)

### *Care of foster children in France*

New regulations were issued in September 1938 revising and making more strict the rules

for the administration of the child-welfare decree of October 30, 1935, regarding the supervision of children placed with wet nurses or foster mothers in France.

The new regulations apply to children under 3 years instead of 2 years as before. The placement must be reported within 3 days to the mayor, and the person receiving a child for foster care must obtain a permit from the mayor and from the medical officer of the district.

Another new feature is the provision for appointing physicians and special local committees to cooperate with the public officials in supervising the care given to these children. The physician is required to visit a child within a week after receiving notice of the placement of the child in his district, to repeat the visits at prescribed intervals, and to keep a record of the child's development. Trained social workers with State diplomas may be appointed to assist the physicians. (*Journal Officiel de la République Française, Oct. 22, 1938.*)

## NEWS AND READING NOTES

*Youth Leaders Digest* appears A new periodical of the digest type is *Youth Leaders Digest*, published by Youth Service, Peekskill, N. Y. The first number, dated July 1938, was concerned chiefly with problems of juvenile delinquency, and contained articles by Eduard C. Lindeman, Dora E. Dodge, Mary McLeod Bethune, Lowell Juillard Carr, and others. The submission was invited of addresses, reports, and papers read at conventions and meetings, and also articles already printed, which deal with the problems of youth and their solution.

The need for a publication of this type is indicated by the responses received, as described in the second number, dated October 1938:

The mass of material written and spoken about youth and their leadership, in education, recreation, vocational guidance, health, safety, character building, and general welfare is certainly beyond ordinary belief. It seems that every conceivable type of agency from hospitals to police departments, universities or churches, welfare agencies, labor unions or patriotic associations, in every State of the Union, has a particular message to deliver about how boys and girls should be trained, educated, tested, clothed, doctored, protected, and generally brought up.

The October issue stresses articles on guidance, vocational education, and child labor, with Floyd W. Reeves and Homer Folks listed among the contributors.

*Channels--An old friend by a new name* *Channels* is the new and somewhat longer form of the News Bulletin issued in mimeographed form by the Social Work Publicity Council (130 East Twenty-second St., New York) since 1923. The November 1938 issue, introducing the new title and printed format and numbered volume 16, no. 2, contains articles by David M. Church and Mary Swain Routzahn in addition to shorter items and book reviews.

*Bibliographies recently published* The Russell Sage Foundation has issued as of June 1938 an 11-page bibliography, "Social Case Work in Special Fields," (Bulletin No. 149, Russell Sage

Foundation, 130 East Twenty-second St., New York; price 20 cents). Selected references are given to recent books and articles on group work and case work, medical case work, psychiatric case work, case work in public-assistance programs, case work in the public schools, case work with problem children, case work in juvenile delinquency, and case work with dependent children.

The American Public Welfare Association (1313 East Sixtieth St., Chicago, Ill.) has issued "Bibliography on Personnel" (June 1938; 6 pp.; mimeographed). This is its third bibliography. This is arranged alphabetically by authors' names and contains the titles of 83 books and articles.

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*Social study of Pittsburgh and Allegheny County summarized* A summary of recommendations of the social study of Pittsburgh and Allegheny County made by a citizens' committee appointed by the Community Fund and the Federation of Social Agencies has been published (Citizens' Committee, 519 Smithfield St., Pittsburgh, 1938; 144 pp.; 50 cents).

The survey, which was made possible by a grant from the Buhl Foundation, was carried on between August 1934 and January 1936. Since some of the recommendations were formulated as early as January 1935, the committee has included notes in italics, which show changes in the social services of the community that are in accord with the recommendations.

Recommendations are given in a wide variety of fields. The recommendations on child care cover foster family and institutional care, social case work, housekeeper service, infant care, child guidance, vocational guidance, illegitimacy, adoption, and administrative policies. The recommendations on juvenile delinquency cover prevention of delinquency by various methods; police; schools; social agencies; treatment of juvenile delinquency; and agencies dealing with delinquency.

# BOOK AND PERIODICAL NOTES

## (Socially Handicapped Children)

WHAT OF THE BLIND? A Survey of the Development and Scope of Present-Day Work With the Blind, edited by Helga Lende. American Foundation for the Blind, New York. 1938. 214 pp.

In this volume are presented the experience and opinion of leaders in the field of work with the blind. An introductory chapter by Robert B. Irwin, executive director of the American Foundation for the Blind, gives some statistical and historical material on blindness, and describes resources for the blind. Causes and prevention of blindness are discussed by Dr. Conrad Berens, surgeon and pathologist of the New York Eye and Ear Infirmary.

Harriet E. Totman, whose duties with the Cleveland Board of Education include work with blind children of preschool age, describes for parents of blind children methods of care and training from infancy to 6 years or whenever they are ready for school work.

Three chapters on the education of blind and of visually handicapped children and four on reading and recreation for the blind, by specialists in these fields, are included.

SOME OBSERVATIONS ON EXTRAMURAL CARE OF MENTALLY DEFICIENT CHILDREN, by Agnes K. Hanna. *Proceedings of the American Association on Mental Deficiency*, vol. 43, no. 1, pp. 115-151. Single copies of reprints available from the Children's Bureau while the supply lasts.

A general picture is presented in this article of the recent developments of resources for services to mentally deficient children. The three basic conditions for a sound program of community services for mentally defective children are described as: Early discovery of children while there is still an opportunity for increasing their social efficiency; an effective program of home services that will assist parents in understanding the children's needs, limitations, and capacities; and educational opportunities within the school system that are adapted to their requirements.

During the 3-year period 1935-37, the legislatures of 7 States authorized the creation of a specialized department or a division within the department of welfare to develop a mental-hygiene program. A still larger group of States (14)

enacted legislation authorizing State and county welfare departments to provide services for mentally deficient children.

AMERICANS IN PROCESS; a study of our citizens of oriental ancestry, by William Carlson Smith, Ph.D. Edwards Brothers, Ann Arbor, Mich. 1937. 359 pp. Processed. \$3.

The author of this book, who is professor of sociology at Linfield College, spent 6 years in California and 3 years in Hawaii studying the second-generation oriental. Professor Romanzo Adams of the University of Hawaii, who contributes the introduction, points out that this comparative study has the advantage of supplying evidence to show that the response of these young persons is not rigidly controlled by inborn racial traits, but that their behavior and attitudes are largely influenced by local social environmental factors.

Several chapters are devoted to vocational adjustments of second-generation orientals in Hawaii and in continental United States. There is also a chapter on the second generation and the family, which shows that the younger generation has broken with many oriental practices.

ENGLISH JUVENILE COURTS, by Winifred A. Elkin. Kegan Paul, Trench, Trubner & Co., London. 1938. 316 pp. Price, 12s. 6d.

This is the first book dealing with English juvenile courts that has been published since the jurisdiction and powers of these courts were extended by the Children and Young Persons Acts of 1932 and 1933.

The English juvenile courts are definitely criminal courts dealing with all children and young persons in need of care and protection up to the age of 17 and with all offenders between the ages of 8 and 17 except those charged with homicide, those charged jointly with an adult, and those charged with an indictable offense who elect to be tried by jury. Nevertheless, the Departmental Committee on the Treatment of Young Offenders stated that the principle of guardianship lies at the root of all juvenile-court procedure, and the "Children and Young Persons Act laid down as the fundamental principle to be observed by all

courts, that they should 'have regard to the welfare of the child or young person' and that they should in suitable cases 'take steps for removing him from undesirable surroundings and for securing that proper provision is made for his education and training.'"

Following a presentation of the many factors involved in the causation of juvenile delinquency and of the need for treatment based upon recognition of these factors rather than upon ideas of punishment, the author discusses the nature and jurisdiction of the courts, their organization, and methods of procedure and treatment.

About half of the book is devoted to a critical analysis of methods of treatment, which differ widely throughout the country. The author condemns as lacking in constructive value the use of police cautions, dismissals, binding over, fines and restitutions, and birching. She notes with approval the use of probation as "the one method open to the courts which provides a means of re-education without the necessity of breaking up the offender's normal life and removing him from the natural surroundings of his home"; and the use of the Approved Schools under voluntary management but supported by public funds and subject to Home Office inspection, which took the place of the old industrial schools and reformatories. Treatment away from home on condition of residence in probation homes, hostels, and boarding homes is a method not yet used extensively in England.

"Are the Courts a Success?" is the title of a chapter discussing the increase from 1930 to 1935 in the number of juveniles under 16 charged with indictable offenses, who are brought before the juvenile courts. Two possible explanations are offered: One, a greater willingness on the part of the public and of the police to use the juvenile courts, as a result of the publicity given them by the discussion on the Children and Young Persons Act; and, two, some real increase in juvenile delinquency growing out of the uncertainty of life today.

In commenting on the general personnel standards of the courts the author says, "The crux of the situation is that official attention has been concentrated on improving the machinery available for dealing with juvenile delinquency, and comparatively little consideration has been given to the

qualifications of those who are responsible for its working." She suggests some changes in methods of appointment so that active political partisanship will play a less important part in qualifications, provision for training of justices, the appointment of officers to visit the courts and discuss the principles and details of their work with the justices and clerks, and the development of a "school of criminology" that would help to solve the problem of training probation officers and teachers in Approved Schools and through its research work would provide a definite answer to some of the questions of method with which the courts are faced.

In closing, the author says that the sole responsibility for the prevention and cure of juvenile delinquency should not be placed on the courts. "To a great extent they have to deal with the failures of the social and educational system, and there can be little doubt that the number of young offenders could be appreciably reduced by methods that have no connection with the judicial system. Better living conditions, more outlets for healthy activities, more understanding in the ordinary schools of problems of character, more attention to the individual needs of backward and unstable children are necessary if any serious attempt is to be made to solve the problem."

A.S.N.

THE ADOLESCENT COURT AND CRIME PREVENTION, by Jeanette G. Brill and E. George Payne. Pitman Publishing Corporation, New York. 1938. 230 pp. \$2.50.

A city magistrate of the Magistrates' Court of New York City and the assistant dean of the School of Education of New York University discuss in this volume, with numerous illustrations from case histories, the adolescent court as an agency for dealing with youthful offenders above the age of juvenile-court jurisdiction. The major part of the book deals with the problems of the adolescent as a developing individual and in relation to the family, to the community, to the social world of his contemporaries, and to educational agencies; the remainder of the book deals with the Adolescent Court of Brooklyn established in January 1935 by resolution of the Board of City Magistrates to deal with boys 16, 17, and 18 years of age.

# GENERAL CHILD WELFARE

## BOOK AND PERIODICAL NOTES

### A. Mental Health and Child Guidance

MENTAL HEALTH THROUGH EDUCATION, by W. Carson Ryan.  
Commonwealth Fund, New York. 1938. 315 pp.  
\$1.50.

In an attempt to answer the question, "How does educational practice today, at every level and for every type of education, square with what is known of mental hygiene, and what further advances can be made?" the author in 1935-36 traveled widely in the United States, visiting schools and clinics of various sorts. He found that some schools, particularly schools for young children, are making a genuine contribution to mental health and that many more could do so by improvement "in attractiveness of environment, in friendliness of the school atmosphere, in educational programs designed to meet fundamental human needs rather than mere academic traditions, in services directed to a more intelligent study of the problem of personality in terms of family and community life, in concern for the physical, emotional, and social needs of the whole child."

The first-hand observation and comments of the author are supplemented at every point by references to the available literature. The author believes that "if something is to be accomplished that is of consequence in mental health, it will come through a new kind of education and a new kind of school."

In a final chapter on Next Steps, he suggests a re-facing of the educational task; insistence upon a better "emotional climate" for schools; a radical change in the methods of selection and preparation of teachers and administrators; provision of an enriched and flexible school curriculum; a new type of school administration emphasizing optimum growth and development of human beings; extension of the service of the visiting teacher to all communities; closer rapprochement of the family and the school and extension of the nursery school to reach all families in the community; and active collaboration by the school with community forces working for mental health.

TEACHERS AND BEHAVIOR PROBLEMS, by E. K. Wickman.  
Commonwealth Fund, New York. 1938. 40 pp.  
Price: 25 cents for single copies; 20 cents per copy in lots of 10 to 100; 15 cents per copy in lots of 100 or more.

This manual is a condensation of Wickman's book, *Children's Behavior and Teachers' Attitudes*, first published in 1928 and reprinted many times since. It is not intended to replace the original publication, but was prepared in response to requests for a condensed version that would enable teachers, students, social workers, and parents to familiarize themselves quickly with the principal points.

Wickman points out that when experimental investigations were carried on to obtain information on the incidence of behavior problems in elementary-school children, "the reports of the teachers as a whole indicated that the problems which most engage their attention are those which relate to the school situation, namely, infractions of classroom rules and routine, and failure to meet school-work requirements. The personal problems of the child seem to be subordinated to the problems encountered in teaching and in classroom management." He offers a description of behavior problems from the point of view of the psychologist.

A PEDIATRICIAN IN SEARCH OF MENTAL HYGIENE, by  
Bronson Crothers, M.D. Commonwealth Fund, New  
York. 1937. 271 pp. \$2.

As a pediatrician who kept up his interest in neurology, Dr. Crothers became convinced that it is impossible to deal wisely with children handicapped by disorders of the nervous system unless the educational and emotional elements of each situation are carefully considered. In part 1 of this book, he discusses the development of pediatrics as a specialty, the history of mental hygiene and of psychiatry, and the possibilities of cooperation of the pediatrician with the psychiatrist and others interested in children.

In part 2, Dr. Crothers deals with mental hygiene in the teaching of medicine, especially in

connection with training in a children's hospital. He discusses potential contributions of the child-guidance clinic, the case-history method of teaching, the psychologist, and the medical social worker.

In order to meet the pediatrician's responsibilities in the field of mental hygiene, a plan was worked out at the Children's Hospital in Boston under the direction of Dr. Crothers and put into operation with the assistance of grants from the Julius Rosenwald Fund and the Commonwealth Fund. This plan, described in part 3, involves a detailed study of behavior problems existing among the children brought to the hospital.

**GUIDING HUMAN MISFITS;** a practical application of individual psychology, by Alexandra Adler, M.D. Macmillan Co., New York. 1938. 88 pp. \$1.75.

The principles of individual psychology laid down by her father, Alfred Adler, are followed by Dr. Alexandra Adler in this book, illumined by her own clinical experience. In setting forth principles and practical points for the use of persons in close contact with "human misfits," she has tried to state facts and cases simply, without sacrificing scientific value.

After discussing childhood as a preparation for later life, Dr. Adler describes neuroses in childhood, some problems of adolescence, cases of neurosis in which a lack of social responsibility can be traced back to early childhood, the psychology of the criminal, the significance of dreams and early recollections, and some practical aspects of child guidance and psychotherapy.

**CHILDREN IN THE FAMILY,** by Harold H. Anderson, Ph.D. D. Appleton-Century Co., New York. 1937. 253 pp. \$2.

The chief contribution to the child's welfare that is made by psychiatrist, psychologist, psychiatric social worker, or visiting teacher, believes Dr. Anderson, is simply a "fundamental, profound, and sincere respect for the individual which few children find at home, at school, or in the neighborhood." Through this book he endeavors to convey an understanding and an appreciation of family life as an opportunity for shared experience and for growth in responsibility. In a family in which "both parents and children can be spontaneous, can

grow and develop, and can secure satisfactions in harmony with each other" behavior problems and serious conflicts rarely will arise.

**CORNERSTONES IN CHILD GUIDANCE,** by Maurice Stollerman. Oxford Press, Providence, R. I. 1939. 80 pp.

As the superintendent of the Jewish Orphanage of Rhode Island and a member of the Rhode Island Juvenile Court Commission, Mr. Stollerman brings to his discussion of basic considerations in child guidance a wide background of experience with the needs of children. He presents from the point of view of a parent the need of growing attitudes toward growing children, methods of discipline, the importance of a sense of security, and special problems associated with adolescence and with juvenile delinquency.

**DO ADOLESCENTS NEED PARENTS?** by Katharine Whiteside Taylor. D. Appleton-Century Co., New York. 1938. 380 pp. \$2.50.

This is one of a series of books presented by the Commission on Human Relations of the Progressive Education Association. The initial plan for the series evolved from the conferences of the Hand-over group of educators and writers. The writer is the mother of three children and has had long experience in parent education. She is now chief of the Division of Prevention in the Department of Mental Hygiene of the State of Wisconsin. Her discussion of the attitudes of parents towards their adolescent children and of the problems of the children in education, selection of vocations, and preparation for family life is based on a practical knowledge of life as it is lived today in average American communities. An extensive bibliography adds to the value of the book.

#### B. Materials for Recreation Leaders

**DRUMS, TOM-TOMS, RATTLES,** by Bernard S. Mason. A. S. Barnes & Co., New York. 1938. 206 pp. \$2.50.

Primitive percussion instruments for modern use and their construction are described in this book, which is illustrated with many sketches and drawings. For a Chippewa hand drum, solid cedar hoops covered with rawhide are recommended; but

under "Hand drums from any old thing" the author suggests that for children "who do not have access to white cedar nor have the patience and skill to split a board from a cedar log, whittle it down, and bend it into a hoop for the drum frame, the lowly cheese box obtainable from any grocery store will provide material from which a serviceable frame for a hand drum can be quickly and easily made. Similarly, hand drums can be made from mixing bowls, tin cans, and flower saucers." Thus, a tom-tom "can be fashioned in half an hour" from the kitchen mixing bowl and a stretched piece of inner tube tacked down with brass thumb tacks.

FIST PUPPETRY, by David Fredrick Milligan. A. S. Barnes & Co., New York. 1938. 130 pp. \$1.50.

The author describes this book as an attempt to foresee the questions and problems of persons interested in making puppets and to answer them in the simplest manner possible. He discusses the uses and the operation of fist puppets; the making of the head, the costume, the booth, and the scenery; and the selection of the puppet play. Ten puppet plays are outlined briefly.

SONGS AND PICTURES FOR LITTLE FOLKS. Words and music by Helen C. Knowles; photographs by Ruth Alexander Nichols. A. S. Barnes & Co., New York. 1938. Pages not numbered. \$1.50.

Photographs, accompanied by simple quatrains, about children enjoying various activities make up this volume. The unusual feature is that the verses are set to music.

BOOKS AND BABIES, by Garry Cleveland Myers and Clarence Wesley Sumner. A. C. McClurg & Co., Chicago. 1938. 116 pp. \$1.75.

The authors of this book became acquainted through the Mothers' Room of the Youngstown (Ohio) Public Library, which was founded by one of them.

The book is an outgrowth of their mutual experiences with their own children and with mothers and children whom they met through the library association. To develop a lasting interest in books they urge that mothers start to read to their children at the age of 18 months, or even before, and continue to read to them frequently all through their childhood.

#### C. General

LILLIAN WALD: NEIGHBOR AND CRUSADER, by R. L. Duffus. Macmillan Co., New York. 1938. 371 pp. \$3.50.

This biography of Lillian Wald was written with her consent and assistance, the foreword explains, but the selection and organization of the material represents the point of view of the author, who hoped by concentrating on the personality of Miss Wald to show through the focus of her life the picture of America in her time.

The Henry Street Settlement in New York City, for the founding and development of which she was responsible, constitutes only a part of Miss Wald's work as described here. She recognized the importance of the visiting nurse in any public-health program, and with Mary M. Brewster, organized the first independent public health nursing service. It was as the Nurses' Settlement that the Henry Street house was known during the first years of its existence. She was also the first person to think of having a children's bureau in the Federal Government.

The chapter on the Children's Bureau tells the story of the inspiration that came to Lillian Wald as she and Florence Kelley were "opening their mail over their toast and coffee" one morning in 1905 that there should be a Federal bureau devoted exclusively to the interests of children, and of the events that led from that breakfast table to the establishment of the Children's Bureau by Act of Congress in 1912 with Julia Lathrop as chief.

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.



## OF CURRENT INTEREST

*Radio program for parents* "Wings for the Martins" is the name of a radio program offered this winter by the United States Office of Education and the National Congress of Parents and Teachers. It dramatizes the modern problems of education as they occur in the life of the Martin family and shows how they may be solved. The purpose of the program is to encourage parents to co-operate in the schooling of today's children. The program can be heard each Wednesday, 9:30-10:00 p.m., Eastern standard time, over the blue network, National Broadcasting Company. (*Statement from National Broadcasting Co., RCA Building, New York.*)

*Third National Social-Hygiene Day announced* "Guard Against Syphilis" is the slogan adopted for the observance of the third National Social-Hygiene Day, February 1, 1939. The American Social Hygiene Association, 50 West Fiftieth St., New York, which offers posters, envelope enclosures, a special tabloid newspaper for free mass distribution, and a kit of publicity and program aids, suggests the following ways of carrying out the slogan:

Guard against syphilis by telling the American people about this dangerous disease--how it can be prevented and cured.

Guard against syphilis in youth, the age of greatest incidence, by strengthening the efforts of church, home, and school to provide better facilities for sex education, character development, and preparation for marriage; and by correcting community conditions which threaten the health and welfare of young people.

Guard against syphilis in marriage and childhood by encouraging good laws--and their observance --requiring examinations for all those about to marry and for all expectant mothers.

Guard against syphilis by attacking prostitution and quackery, two arch-accomplices of the disease.

Guard against syphilis by supporting adequate voluntary and official health programs, both State and local.

*The health of the child--* May Day--Child Health Day 1939 will have as its slogan "The health of the child is the power of the Nation." This is the same slogan that was used on the Children's Bureau poster for the Children's Year campaign in 1918. Letters were sent to the

State health officers by the Chief of the Children's Bureau in November 1938, stating that, in view of the increasing attention to nutrition as a fundamental factor in child health, special material featuring nutrition in Child Health Day activities is being prepared by the Children's Bureau.

The objective of May Day 1939 is to bring to the attention of each community the importance to the child's health, development, and well-being throughout life, of proper food, rest, exercise, medical care, and protection against disease; the ways of informing parents and others who care for children how child health may be safeguarded; and the means whereby such safeguards may be made available for all children.

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*Social-science fellowships open for 1939-40* The Social Science Research Council offers for the academic year 1939-40 post-doctoral research training fellowships, predoctoral field fellowships, and grants-in-aid of research in the social sciences.

The fields for study include economics; social, economic, and political history; political science; social psychology; sociology; cultural anthropology; statistics; and social aspects of related disciplines.

Applications must be made on blanks obtained in advance from the Social Science Research Council, 230 Park Ave., New York. In making initial inquiry it is important that age, academic qualifications, and tentative field plans be specifically indicated. The closing date for applications for grants-in-aid of research is January 15, 1939, and the maximum amount granted by the Council for this purpose will not ordinarily exceed \$1,000. Grants will be announced April 1, 1939.

For predoctoral field fellowships and post-doctoral research training fellowships the closing date for applications is February 1, 1939, and the basic stipend for a period of 12 months is \$1,800 for postdoctoral fellowships (a married fellow may receive \$2,500). Awards will be announced April 15, 1939. (*Announcement of Social Science Research Council, 230 Park Ave., New York.*)

## CONFERENCE CALENDAR

## 1938

- Dec. 27-31 American Association for the Advancement of Science--Section on Medical Sciences. Symposium on Mental Health. Richmond, Va.
- Dec. 27-30 American Statistical Association. One-hundredth annual meeting, Detroit. Information: F. F. Stephan, Secretary, 722 Woodward Bldg., Washington, D. C.
- Dec. 28-30 American Association for Labor Legislation; American Economic Association; American Farm Economic Association; American Sociological Society; and allied groups. Annual meetings, Detroit.
- Dec. 29-30 American Student Health Association. New York. Secretary: Dr. Ruth E. Boynton, Students Health Service, University of Minnesota, Minneapolis.

## 1939

- Jan. 20-21 National Public Housing Conference. Washington, D. C.
- Feb. 1 Social Hygiene Day. Sponsored by American Social Hygiene Association, 50 West Fiftieth St., New York.
- Feb. 22-25 American Council of Guidance and Personnel Associations. Annual convention, Cleveland, Ohio.
- Feb. 23-24 Inter-American Bibliographical and Library Association. Second convention, Washington, D. C.
- Feb. 24-25 American Orthopsychiatric Association. Sixteenth annual meeting, Commodore Hotel, New York. Secretary: Dr. Norville C. LaMar, 149 East Seventy-third St., New York.



# SUPPLEMENTARY LIST OF REFERENCES TO THE LITERATURE ON PREMATURE INFANTS, 1928-38\*

## ABBREVIATIONS

<i>Acta Paediat.</i>	- - - - -	<i>Acta Paediatrica</i>
<i>Acta Psychiat. et Neurol.</i>	- - - - -	<i>Acta Psychiatrica et Neurologica</i>
<i>Am. J. Dis. Child.</i>	- - - - -	<i>American Journal of Diseases of Children</i>
<i>Am. J. Obst. &amp; Gynec.</i>	- - - - -	<i>American Journal of Obstetrics and Gynecology</i>
<i>Arch. f. Gynäk.</i>	- - - - -	<i>Archiv für Gynäkologie</i>
<i>Brit. M.J.</i>	- - - - -	<i>British Medical Journal</i>
<i>Chinese M.J.</i>	- - - - -	<i>Chinese Medical Journal</i>
<i>Clin. Ostet.</i>	- - - - -	<i>La Clínica Obstétrica</i>
<i>Hosp. Management</i>	- - - - -	<i>Hospital Management</i>
<i>Illinois M.J.</i>	- - - - -	<i>Illinois Medical Journal</i>
<i>J.A.M.A.</i>	- - - - -	<i>Journal of the American Medical Association</i>
<i>J. Indiana M.A.</i>	- - - - -	<i>Journal of the Indiana State Medical Association</i>
<i>J. Pediat.</i>	- - - - -	<i>Journal of Pediatrics</i>
<i>Mod. Hosp.</i>	- - - - -	<i>Modern Hospital</i>
<i>Monatschr. f. Geburtsh. u. Gynäk.</i>	- - - - -	<i>Monatsschrift für Geburtshilfe und Gynäkologie</i>
<i>Monatschr. f. Kinderh.</i>	- - - - -	<i>Monatsschrift für Kinderheilkunde</i>
<i>Frat. Pediat.</i>	- - - - -	<i>La Practica Pediatrica</i>
<i>Tr. Am. Hosp. A.</i>	- - - - -	<i>Transactions of the American Hospital Association</i>
<i>Ztschr. f. Kinderh.</i>	- - - - -	<i>Zeitschrift für Kinderheilkunde</i>

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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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## UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

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\* 9331 = F.7

CHILDREN UNDER CARE OF THE STATE TRAINING SCHOOLS  
FOR SOCIALLY MALADJUSTED CHILDREN

PREPARED BY THE STAFF OF THE DELINQUENCY DIVISION,  
UNITED STATES CHILDREN'S BUREAU



SPECIAL SUPPLEMENT TO  
THE CHILD — MONTHLY NEWS SUMMARY  
VOLUME 3, NUMBER 6      DECEMBER 1938

CHILDREN'S BUREAU  
U. S. DEPARTMENT OF LABOR  
WASHINGTON, D. C.



## CHILDREN UNDER CARE OF THE STATE TRAINING SCHOOLS FOR SOCIALLY MALADJUSTED CHILDREN

PREPARED BY THE STAFF OF THE DELINQUENCY DIVISION,  
UNITED STATES CHILDREN'S BUREAU

At the suggestion of its Advisory Committee on Training Schools for Socially Maladjusted Children, the Children's Bureau has attempted to determine the number and ages of the children actually under care of the training schools for socially maladjusted children in the United States and Hawaii supported by State and Territorial funds. The Bureau asked 112 State schools to supply information regarding the sex, age, and residential status of the children under their care on January 1, 1938.<sup>1</sup>

Reports were received for 95 schools including 43 schools for boys, 42 schools for girls, and 10 schools caring for both boys and girls. From these reports a series of tables has been prepared: Table 2 summarizes the figures for all schools; tables 3a and 3b give the ages as of January 1, 1938, of the boys and girls resident in the individual schools on that date; tables 4a and 4b give similar data regarding the ages of the boys and girls who were under the supervision of the after-care department or worker on January 1, 1938; and table 1 shows the total resident population of State training schools by sex for the States for which complete reports were received (35 States and the District of Columbia).

As shown in table 2, a total of 46,999 children were under the care of the 95 training schools

for which reports were received.<sup>2</sup> Of this number 22,522 children were actually living in the schools<sup>3</sup> and 24,477 were under the jurisdiction of the schools but were not in residence on the above date.

The number of children in the training schools assumes additional interest when compared with earlier figures on the population of public institutions for juvenile delinquents. The 1933 census of juvenile delinquents, conducted by the Bureau of the Census of the United States Department of Commerce, included children resident in such institutions on December 31, 1933.<sup>4</sup> Comparison of totals in the two reports is not possible because the Children's Bureau report includes some schools that are not included in the report of the Bureau of the Census, and the latter includes some schools not included in the former. However, a comparison of the total for 87 schools included in both the census report and the Children's Bureau study shows an increase of 1,313 in the total population of these schools during the 4 years that had elapsed since the earlier data were assembled. The 87 schools included 39 schools caring for boys, 38 schools caring for girls, and 10 schools caring for both. These schools reported 20,540 children in residence on December 31, 1933, and 21,853 resident on January 1, 1938. An accurate statement

<sup>1</sup>Including the two schools in Hawaii; the National Training Schools for Boys, Washington, D.C., a Federal institution; and the National Training School for Girls, a District of Columbia institution.

<sup>2</sup>Reports for the resident group only were received for 4 schools and reports for the nonresident group only, for 2 schools.

<sup>3</sup>Includes 4 girls boarded out by the Nevada School of Industry; girls do not reside in the school.

<sup>4</sup>Juvenile Delinquents in Public Institutions, 1933. Bureau of the Census, U. S. Department of Commerce, Washington, 1936.

regarding the causal factors operative in this increase would require analysis not possible at this time.

Complete reports for the State regarding the resident population of the training schools for boys and girls were received for 35 States and the District of Columbia.<sup>5</sup> The number of boys and girls resident in schools in these States are given in table 1 (page 5). As is to be expected, the number is higher in States having a large aggregate population. However, other factors also influence the ratio of the resident population to that of the State as a whole. These factors include programs for the prevention of child neglect and juvenile delinquency, facilities for noninstitutional treatment of juvenile delinquents, and the availability of local public training schools and other schools and institutions.

The majority of the children (79 percent) living in the schools on January 1, 1938, had been committed for the first time. Fourteen percent had previously been in the school and were returned following release--generally known as parole. Most of these had been returned because of unsatisfactory conduct, although a small number had been returned because of failure of plans to work out satisfactorily or for other reasons, such as to receive medical care, to have temporary shelter, or to await replacement. For the remaining 7 percent no information as to the status of commitment was given.

The nonresident group falls into two classifications: (a) 22,504 children discharged from the school and under the supervision of the post-institutional worker or department; and (b) 787 children absent under temporary arrangements and 1,186 absent without leave. The first group constitutes almost 92 percent of the total classified as nonresident. The others may be regarded as part of the institution population since return to the school is contemplated.

Legal limitations as to age of admission to the schools are reflected in the ages as shown in this study. The upper age for admission, and in some instances the lower as well, are established by the laws of the various States. Since admission

to the schools is largely through commitment by the juvenile court, the upper age limit is generally dependent upon the upper age limit for the jurisdiction of the court.

In general the upper age for admission to the schools is higher for girls than for boys. In approximately one-third of the boys' schools and in slightly more than one-tenth of the girls' schools the upper age for admission is under 15 or 16 years, whereas in more than one-half of the boys' schools and in seven-tenths of the girls' schools the upper age of admission is under 17 or 19 years. In the remainder--less than one-sixth of the boys' schools and two-tenths of the girls' schools--the age of admission is under 21 years, although one girls' school and one boys' school admit persons under 25.

In many States the minimum age for admission to the training school is not established by law, although 8 years or younger is specified in some States and 10 years or older in others.

Although reports for both boys and girls were not received from every State, they were received from a sufficient number of States to justify a comparison of the ages of the 14,685 boys and the 7,837 girls resident in the total number of schools that reported. From the following distribution it is apparent that the girls resident in the schools were older than the boys:

Age of child	Percent distribution	
	Boys	Girls
Total - - - - -	100.0	100.0
Under 12 years - - - - -	3.9	1.2
12 years - - - - -	5.2	2.0
13 years - - - - -	9.3	5.0
14 years - - - - -	11.9	10.4
15 years - - - - -	21.7	19.0
16 years - - - - -	21.9	22.3
17 years - - - - -	13.7	19.9
18 years and over - - - - -	9.4	20.2

Tables 3a and 3b also show that most of the schools care for boys and girls of widely differing ages, in several instances from 7 to 20 or 21 years. In one school that cared for both boys and girls, with an age range from 7 to 21 years, 11 of the boys and 8 of the girls were under 11 years and 32 of the boys and 30 of the girls were 18 years of age or over. The presence in some of the schools of 21-year-old youths is explained by the fact that the age of commitment is up to 21 years or over. In some of the schools it may be

<sup>5</sup>Incomplete reports for the State were received from Arkansas, Florida, Hawaii, Kentucky, Louisiana, Massachusetts, Missouri, New Mexico, Oklahoma, Rhode Island, South Carolina, Texas, and Virginia. No report was received from Tennessee.



explained by the need to complete a special course of vocational training or by other special needs. It is hardly necessary to comment on the difficulty of planning an effective educational and treatment program in the same training school for children who have not yet entered adolescence, for adolescents, and for young adults.

Ordinarily children remain under the jurisdiction of the school until they attain their majority. In most instances responsibility for supervising the boy or girl after he leaves the school and during the period of his readjustment to the community rests with the school. In a few States it is the responsibility of a central State agency.

Information on the group under supervision of the aftercare department or postinstitutional workers was received for 85 schools--37 schools caring for boys, 40 schools caring for girls, and 8 schools caring for both boys and girls.<sup>6</sup> Some schools reported that they were unable to furnish this information for lack of clerical assistance

<sup>6</sup>Includes Nevada School of Industry, which cares for both boys and girls but which did not report any girls under supervision of its aftercare department

and others that they did not record it. Figures on nonresident population for the schools in Massachusetts and Rhode Island were received from divisions within the State departments of public welfare that carry responsibility for aftercare supervision.

Having been discharged to the aftercare department or worker following a period of institutional training, the children included in the nonresident group are older naturally than the children still living in the school. Other factors influencing the distribution of age in this nonresident group are the policies of committing courts, the minimum age for admission, and the adequacy of local resources.

In the group of 22,504 children under supervision of the aftercare department, as in the resident group, it is apparent that the girls were as a rule older than the boys (tables 4a and 4b). Among the boys for whom age was reported 54 percent were under 13 years of age, 14 percent were 13 to 20 years of age, and 2 percent were 21 years of age. Among the girls, however, only 32 percent were under 13 years of age, and 68 percent were 13 to 20 years of age. Eleven girls were 21 years of age.

Table 1.--Resident population as of January 1, 1938, of training schools in States for which complete reports were received (35 States and the District of Columbia)

State	Total	Boys	Girls	State	Total	Boys	Girls
Total-----	19,537	13,378	6,159	Mississippi-----	318	189	129
Alabama-----	845	684	161	Montana-----	204	143	61
Arizona-----	72	72	-----	Nebraska-----	366	188	178
California-----	1,214	1,041	173	Nevada-----	41	37	<sup>a</sup> 4
Colorado-----	309	159	150	New Hampshire-----	142	112	30
Connecticut-----	463	270	193	New Jersey-----	833	530	303
Delaware-----	283	152	131	New York-----	1,361	918	443
District of Columbia---	450	400	50	North Carolina-----	910	731	179
Georgia-----	385	229	156	North Dakota-----	214	127	87
Idaho-----	200	156	44	Ohio-----	1,302	851	451
Illinois-----	1,092	773	319	Oregon-----	166	113	53
Indiana-----	757	462	295	Pennsylvania-----	1,571	985	586
Iowa-----	805	613	192	South Dakota-----	142	107	35
Kansas-----	345	197	148	Utah-----	192	147	45
Maine-----	257	141	116	Vermont-----	223	144	79
Maryland-----	841	669	172	Washington-----	254	174	80
Michigan-----	848	564	284	West Virginia-----	745	464	281
Minnesota-----	691	389	302	Wisconsin-----	537	373	164
				Wyoming-----	159	74	85

<sup>a</sup>Girls boarded in other institutions or family homes; girls do not reside in the school.

Table 2.--Population under jurisdiction of State training schools for socially maladjusted children, by sex and age,  
January 1, 1938

Type of care, status, and sex of child	Total population of schools	Age as of January 1, 1938																	Not re- ported
		6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years		
Total-----	46,999	1	9	25	72	210	443	1,102	2,122	3,783	6,152	7,916	7,498	5,684	4,366	3,721	379	3,516	
Resident in school-----	22,522	1	9	24	66	181	356	878	1,673	2,858	4,430	4,702	3,371	1,687	777	313	15	1,181	
First commitment-----	17,698	1	8	20	52	163	321	761	1,467	2,468	3,766	3,968	2,676	1,275	513	162	12	65	
Returned for unsatis- factory conduct-----	2,695	----	----	1	3	6	24	76	149	290	503	539	488	301	198	110	3	4	
Returned for failure of plans-----	430	----	----	----	1	----	1	11	9	34	62	75	92	69	50	24	----	2	
Status not reported---	1,699	----	1	3	10	12	10	30	48	66	99	120	115	42	16	17	----	1,110	
Nonresident, but under jurisdiction of school	24,477	----	----	1	6	29	87	224	449	925	1,722	3,214	4,127	3,997	3,589	3,408	364	2,335	
Under supervision of aftercare department-	22,504	----	----	1	5	27	83	210	424	841	1,551	2,917	3,765	3,675	3,272	3,117	342	2,274	
Absent with leave-----	787	----	----	----	1	1	4	11	19	42	72	102	148	132	120	118	3	14	
Absent without leave--	1,186	----	----	----	----	1	----	3	6	42	99	195	214	190	197	173	19	47	
Boys-----	32,928	----	7	21	61	190	386	944	1,736	2,930	4,529	5,721	5,079	3,540	2,602	2,269	360	2,553	
Resident in school-----	14,685	----	7	20	56	163	301	730	1,312	2,096	3,047	3,074	1,920	849	336	127	10	637	
First commitment-----	11,410	----	6	16	43	147	270	626	1,127	1,759	2,487	2,514	1,473	634	221	79	8	----	
Returned for unsatis- factory conduct-----	2,089	----	----	1	3	6	24	71	143	278	459	454	347	172	93	36	2	----	
Returned for failure of plans-----	250	----	----	----	1	----	----	8	7	28	50	56	54	28	16	2	----	----	
Status not reported---	936	----	1	3	9	10	7	25	35	31	51	50	46	15	6	10	----	637	
Nonresident, but under jurisdiction of school	18,243	----	----	1	5	27	85	214	424	834	1,482	2,647	3,159	2,691	2,266	2,142	350	1,916	
Under supervision of aftercare department-	17,088	----	----	1	4	25	82	202	410	766	1,356	2,426	2,941	2,538	2,133	2,011	331	1,862	
Absent with leave-----	301	----	----	----	1	1	3	9	9	29	42	53	57	42	26	18	----	11	
Absent without leave--	854	----	----	----	----	1	----	3	5	39	84	168	161	111	107	113	19	43	

Girls-----	14,071	1	2	4	11	20	57	158	386	853	1,623	2,195	2,413	2,144	1,764	1,452	19	963
Resident in school-----	<sup>a</sup> 7,837	1	2	4	10	18	55	148	361	762	1,383	1,628	1,451	838	441	186	5	544
First commitment-----	<sup>a</sup> 6,288	1	2	4	9	16	51	135	340	709	1,279	1,454	1,203	641	292	83	4	65
Returned for unsatisfactory conduct-----	606	---	---	---	---	---	---	5	6	12	44	85	141	129	105	74	1	4
Returned for failure of plans-----	180	---	---	---	---	---	1	3	2	6	12	19	38	41	34	22	---	2
Status not reported---	763	---	---	---	1	2	3	5	13	35	48	70	69	27	10	7	---	473
Nonresident, but under jurisdiction of school	6,234	---	---	---	1	2	2	10	25	91	240	567	968	1,306	1,323	1,266	14	419
Under supervision of aftercare department-	5,416	---	---	---	1	2	1	8	14	75	195	491	824	1,137	1,139	1,106	11	412
Absent with leave-----	486	---	---	---	---	---	1	2	10	13	30	49	91	90	94	100	3	3
Absent without leave--	332	---	---	---	---	---	---	---	1	3	15	27	53	79	90	60	---	4

<sup>a</sup>Includes 4 girls from the Nevada School of Industry boarded in other institutions or family homes; girls do not reside in the school.

Table 3a.--Boys resident in specified State training schools for socially maladjusted children, by age of boy, January 1, 1938

Training school <sup>a</sup>	Age as of January 1, 1938																Not reported
	Total	Under 9 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years		
Total-----	14,685	927	56	163	301	730	1,312	2,096	3,047	3,074	1,920	849	336	127	10	637	
Alabama:																	
Alabama Boys' Industrial School-----	308			3	7	15	32	28	77	72	39	26	4	5			
Alabama Reform School for Negro Boys-----	376	5	5	10	9	32	50	69	64	72	53	4	2	1			
Arizona: State Industrial School-----	72					9	9	7	17	15	15						
California:																	
Preston School of Industry-----	709								57	175	229	136	76	31	5		
Whittier State School-----	332		1	5	12	17	42	79	109	65	1	1					
Colorado: Colorado State Industrial School-----	159	1	3	3	8	10	24	32	40	25	13						
Connecticut: Connecticut School for Boys-----	270	1	4	9	9	21	30	57	73	53	12	1					
Delaware: Ferris Industrial School of Delaware-----	152				9	8	16	21	27	24	22	14	7	4			
District of Columbia: National Training School for Boys-----	400			1			6	24	51	128	116	66	7	1			
Georgia:																	
Georgia Training School for Boys-----	156		4	3	10	15	25	28	41	18	7	5					
Juvenile Industrial Farm for Negroes-----	73	4	5	7	2	15	18	11	11								
Idaho: Idaho Industrial Training School-----	156				5	9	10	19	26	33	32	19	3				
Illinois: St. Charles School for Boys-----	773				15	24	54	112	172	209	125	43	13	5	1		
Indiana: Indiana Boys' School-----	462			3	5	23	45	61	114	119	64	18	9	1			
Iowa: Iowa Training School for Boys-----	613	1		3	6	20	32	83	97	133	118	73	35	11	1		
Kansas: Boys' Industrial School-----	197															197	
Maine: State School for Boys-----	141				2	7	21	30	31	31	17	2					
Maryland:																	
Cheltenham School for Boys-----	400		1	7	17	33	54	70	71	64	44	25	12	2			
Maryland Training School for Boys-----	269				5	14	25	37	65	71	31	13	7	1			
Massachusetts: Lyman School for Boys-----	273		2	13	11	26	35	67	55	35	24	4	1				
Michigan: Boys' Vocational School-----	564					16	53	81	172	194	48						
Minnesota: State Training School for Boys-----	389	2	1	10	5	18	21	44	88	80	69	37	13	1			
Mississippi: Industrial and Training School-----	189	1	2	8	14	16	20	22	25	27	22	24	4	3	1		
Montana: Montana State Industrial School-----	143	2	1	1	5	15	8	14	27	18	25	17	5	5			

Nebraska: State Industrial School-----	188	---	---	---	2	3	5	10	18	30	50	37	23	5	5	---
Nevada: Nevada School of Industry-----	37	---	---	---	1	1	1	3	6	7	8	2	4	2	2	---
New Hampshire: New Hampshire State Industrial School-----	112	---	---	---	1	1	6	12	17	20	31	12	3	7	2	---
New Jersey: New Jersey State Home for Boys-----	530	3	4	9	9	19	33	84	107	171	77	19	4	---	---	---
New Mexico: New Mexico Industrial School-----	71	2	2	1	1	2	12	10	4	15	13	7	3	---	---	---
New York:																
New York State Training School for Boys-----	444	---	---	---	2	2	19	46	94	145	119	17	---	---	---	---
State Agricultural and Industrial School-----	474	1	---	---	1	7	19	53	77	163	128	17	7	1	---	---
North Carolina:																
Eastern Carolina Industrial Training School for Boys-----	127	---	---	---	---	2	7	11	22	17	14	28	15	9	2	---
Morrison Training School-----	135	---	---	---	4	6	15	22	32	29	19	4	4	---	---	---
Stonewall Jackson Manual and Industrial Training School-----	469	---	4	19	31	45	4	60	110	113	69	14	4	---	---	---
North Dakota: State Training School-----	127	---	---	---	---	---	4	6	11	19	23	23	13	15	11	2
Ohio: The Boys' Industrial School-----	851	---	---	---	15	11	44	85	132	198	208	153	5	---	---	---
Oklahoma:																
State Training School for Negro Boys-----	151	---	---	---	1	8	15	23	28	23	39	8	3	2	1	---
State Training School for White Boys-----	275	---	1	2	2	3	26	47	63	80	36	12	3	2	---	---
Oregon: Oregon State Training School-----	113	1	1	1	1	1	5	7	19	24	31	9	9	4	1	---
Pennsylvania:																
Pennsylvania Training School-----	440	---	---	---	---	---	---	---	---	---	---	---	---	---	---	440
The Glen Mills Schools-----	545	2	6	6	12	12	40	64	112	127	125	41	9	1	---	---
South Carolina: State Reformatory for Negro Boys-----	226	---	4	3	5	5	10	17	20	40	50	46	15	6	10	---
South Dakota: South Dakota Training School-----	107	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Utah: Utah State Industrial School-----	147	1	2	2	7	7	9	13	9	33	28	20	12	11	1	---
Vermont: Weeks School-----	144	---	---	---	---	3	7	13	22	20	33	20	15	9	2	---
Virginia: Virginia Industrial School for Boys-----	311	---	---	---	---	6	9	21	44	60	76	65	23	6	1	---
Washington: State Training School-----	174	---	---	---	1	1	5	13	27	37	49	38	3	---	---	---
West Virginia:																
West Virginia Industrial School for Boys-----	367	---	2	5	9	9	9	18	40	40	60	75	81	20	8	---
West Virginia Industrial School for Colored Boys-----	97	---	---	---	---	4	11	12	18	27	8	11	5	1	---	---
Wisconsin: Wisconsin Industrial School for Boys-----	373	---	---	---	---	---	4	20	46	77	84	85	39	15	3	---
Wyoming: Wyoming Industrial Institute-----	74	---	---	---	---	---	3	6	9	5	7	12	10	15	7	---

<sup>a</sup>No report on resident boys was received from the Industrial School for Boys, Massachusetts, or the Sockanosset School for Boys, Rhode Island. In addition to 20 boys 8 years of age, this includes 7 boys 7 years; 2 in the Alabama Reform School for Negro Boys, and one in each of the following schools: Juvenile Industrial Farm for Negroes, Georgia; State Training School for Boys, Minnesota; New Mexico Industrial School, State Agricultural and Industrial School, New York, and the Glen Mills Schools, Pennsylvania.

Table 3b.--Girls resident in specified State training schools for socially maladjusted children, by age of girl, January 1, 1938

Training school	Age as of January 1, 1938															21 years	Not reported
	Total	Under 9 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years			
Total-----	7,837	97	10	18	55	148	361	762	1,383	1,628	1,451	838	441	186	5	544	
Alabama:																	
Alabama Reform School for Negro Boys (Girls' Division)-----	57				1	1	8	6	11	14	13	3					
State Training School for Girls-----	104						8	21	24	23	18	9	1				
Arkansas: Arkansas Training School for Girls-----	66	1			2		6	6	14	11	11	10	3	2			
California: Ventura School for Girls-----	173				2	2	3	13	34	39	38	26	11	5			
Colorado: Colorado State Industrial School for Girls-----	150			2	1	2	11	14	36	38	26	16	4				
Connecticut: Long Lane Farm-----	193			1	2	3	11	14	33	41	38	24	11	15			
Delaware:																	
Delaware Industrial School for Girls-----	57					3		9	10	6	12	9	5	3			
Industrial School for Colored Girls-----	74				1	2	5	10	12	17	15	6	3				
District of Columbia: National Training School for Girls-----	50							1	4	9	22	4	4	3			
Florida: Florida Industrial School for Girls-----	95				1	4	19	21	30	17	2	1					
Georgia: Georgia Training School for Girls-----	156		1		1	7	10	32	26	35	25	9	8	2			
Hawaii: Kawaioa Training School for Girls-----	144					1	11	17	23	29	30	20	13				
Idaho: Idaho Industrial Training School-----	44				1		3	8	6	12	11	1	2				
Illinois: State Training School for Girls-----	319															319	
Indiana: Indiana Girls' School-----	295				1	4	7	25	42	47	67	61	41				
Iowa: Training School for Girls-----	192				1	2	7	24	34	35	46	22	12	9			
Kansas: Girls' Industrial School-----	148					1	2	9	18	23	28	35	19	13			
Kentucky: Kentucky Houses of Reform-----	118				1	3	1	10	16	24	35	17	6	5			
Louisiana: State Industrial School for Girls-----	71					1	6	17	19	11	12	5					
Maine: State School for Girls-----	116				2	1	4	7	17	26	26	12	17	4			
Maryland:																	
Maryland Training School for Colored Girls-----	63			1	2	7	7	14	14	5	7	1	2	3			
Montrose School for Girls-----	109				1	3	5	11	19	27	20	14	9				
Massachusetts: Industrial School for Girls-----	255		1	2	3	5	12	29	43	63	62	21	7	7			
Michigan: Girls' Training School-----	284				4	5	13	30	67	80	46	26	9	4			

Minnesota: Home School for Girls-----	302	---	---	---	---	---	4	4	9	24	49	66	67	52	27	---
Mississippi: Mississippi Industrial and Training School-----	129	3	3	2	5	7	10	15	16	18	20	22	22	4	3	1
Missouri: State Industrial Home for Girls-----	228	---	---	---	1	3	11	9	42	53	56	27	22	4	4	---
Montana: The State Vocational School for Girls-----	61	---	---	---	1	---	2	3	9	12	13	14	4	4	3	---
Nebraska: Girls' Training School-----	178	---	1	---	1	---	5	7	25	36	50	32	11	10	---	---
Nevada: Nevada School of Industry-----	64	---	---	---	1	---	---	1	---	---	2	---	---	---	---	---
New Hampshire: New Hampshire State Industrial School-----	30	---	---	---	---	1	---	3	6	9	3	4	3	1	---	---
New Jersey: New Jersey State Home for Girls-----	303	---	1	2	6	13	20	44	64	74	56	17	6	---	---	---
New York: New York State Training School for Girls-----	443	---	---	---	---	4	26	57	129	130	70	22	4	1	---	---
North Carolina: State Home and Industrial School for Girls-----	179	---	---	---	4	4	10	29	37	61	31	3	---	---	---	---
North Dakota: State Training School-----	87	---	---	---	---	1	1	2	20	18	22	12	8	3	---	---
Ohio: The Girls' Industrial School-----	451	---	---	1	2	9	18	52	103	108	77	62	14	5	---	---
Oklahoma: State Industrial School for Girls-----	238	---	1	2	1	14	24	37	66	53	40	---	---	---	---	---
Oregon: Oregon State Industrial School for Girls-----	53	---	---	---	---	---	---	---	5	3	16	16	5	5	3	---
Pennsylvania:	189	---	---	---	---	---	---	---	---	---	---	---	---	---	---	189
Pennsylvania Training School-----	397	---	---	---	---	7	15	39	79	89	73	50	31	14	---	---
Sleighton Farm School for Girls-----	34	---	---	---	---	---	1	3	4	7	8	7	4	---	---	---
Rhode Island: Oaklawn School for Girls-----	35	---	---	---	---	---	1	6	5	7	7	6	3	---	---	---
South Dakota: South Dakota Training School-----	231	---	1	5	2	5	17	20	43	55	41	24	17	1	---	---
Texas: Texas State Girls' Training School-----	45	---	---	---	---	---	4	2	13	11	9	2	1	3	---	---
Utah: Utah State Industrial School-----	79	---	---	---	---	3	6	7	14	14	12	7	13	3	---	---
Vermont: Weeks School-----	83	---	---	---	---	---	---	---	---	---	20	8	---	---	---	---
Virginia:	110	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Virginia Home and Industrial School for Girls-----	80	---	---	---	---	4	8	24	18	19	23	13	1	---	---	---
Virginia Industrial School for Colored Girls-----	245	1	1	---	2	5	10	19	57	60	47	23	14	6	---	---
Washington: State School for Girls-----	36	---	---	---	---	---	---	---	---	---	---	---	---	---	---	36
West Virginia:	164	---	---	---	---	2	2	8	22	43	43	26	15	3	---	---
West Virginia Industrial Home for Girls-----	85	2	---	---	2	4	---	6	9	2	15	10	18	16	1	---
West Virginia Industrial Home for Colored Girls-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Wisconsin: Wisconsin Industrial School for Girls-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Wyoming: Wyoming Girls' School-----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

<sup>a</sup> In addition to 4 girls 8 years of age, this includes 3 children under 8 years of age; 1 of 7 years in the Mississippi Industrial and Training School, 1 of 7 years in the West Virginia Industrial Home for Girls, and 1 of 6 years in the Wyoming Girls' School.

<sup>b</sup> Girls boarded in other institutions or family homes; girls do not reside in the school.

Table 4a.--Boys under supervision of aftercare department of specified State training schools for socially maladjusted children,  
by age of boy, January 1, 1938

Training school	Age as of January 1, 1938													Not report- ed
	Total	Under 11 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years	
Total-----	17,088	30	82	202	410	766	1,356	2,426	2,941	2,538	2,133	2,011	331	1,862
Alabama: Alabama Boys' Industrial School-----	112	---	1	3	5	12	18	28	31	8	4	2	---	---
California:	756	---	---	---	---	---	---	---	---	---	---	---	---	756
Preston School of Industry-----	384	3	3	11	14	35	59	122	111	20	4	2	---	---
Whittier State School-----	202	---	---	---	---	---	---	---	---	---	---	---	---	202
Colorado: Colorado State Industrial School-----	296	---	3	12	7	25	49	87	92	18	2	1	---	---
Connecticut: Connecticut School for Boys-----	176	---	1	---	2	9	7	19	31	29	38	40	---	---
Delaware: Ferris Industrial School of Delaware-----	204	---	---	---	1	9	15	44	67	51	14	3	---	---
District of Columbia: National Training School for Boys-----	143	1	6	7	15	25	35	32	17	3	1	1	---	---
Georgia: Georgia Training School for Boys-----	197	2	3	5	5	10	7	26	30	45	35	29	---	---
Idaho: Idaho Industrial Training School	711	---	2	2	9	21	46	97	153	177	126	77	1	---
Illinois: St. Charles School for Boys--	587	---	1	8	24	33	51	112	151	120	60	27	---	---
Indiana: Indiana Boys' School-----	518	---	1	5	5	12	26	61	91	122	128	67	---	---
Iowa: Iowa Training School for Boys---	169	---	---	---	---	---	---	---	---	---	---	---	---	169
Kansas: Boys' Industrial School-----	127	1	---	7	17	15	22	34	29	---	2	---	---	---
Maine: State School for Boys-----	506	---	---	5	11	25	45	74	81	94	94	77	---	---
Maryland:	382	---	---	2	4	16	16	44	73	81	83	63	---	---
Oneltenham School for Boys-----	1,032	---	---	---	---	---	1	2	55	161	235	307	271	---
Massachusetts:	1,240	5	6	25	54	103	154	197	160	167	189	180	---	---
Industrial School for Boys <sup>b</sup> -----	288	---	---	---	7	23	66	144	48	---	---	---	---	---
Lyman School for Boys-----	353	1	---	3	9	15	47	62	110	69	30	7	---	---
Michigan: Boys' Vocational School-----	166	---	---	---	---	1	6	12	22	26	44	55	---	---
Minnesota: State Training School for Boys-----	278	10	---	---	---	10	---	46	108	104	---	---	---	---
Montana: Montana State Industrial School-----	11	---	---	---	---	---	---	1	3	3	1	3	---	---
Nebraska: State Industrial School-----	157	1	1	2	2	3	9	11	18	33	39	38	---	---
Nevada: Nevada School of Industry-----	952	---	2	3	10	17	29	59	159	184	180	309	---	---
New Hampshire: New Hampshire State Industrial School-----														
New Jersey: New Jersey State Home for Boys-----														





Table 4b.--Girls under supervision of aftercare department of specified State training schools for socially maladjusted children, by age of girl, January 1, 1938

Training school	Age as of January 1, 1938											
	Total	Under 13 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years	Not reported
Total-----	5,416	<sup>a</sup> 12	14	75	195	491	824	1,137	1,139	1,106	11	412
Alabama: State Training School for Girls-----	226	---	---	7	7	21	30	46	59	56	---	---
Arkansas: Arkansas Training School for Girls-----	36	4	2	3	6	6	9	3	3	---	---	---
California: Ventura School for Girls-----	137	---	---	1	3	8	38	42	30	14	1	---
Colorado: Colorado State Industrial School for Girls-----	96	---	---	---	3	11	21	37	22	2	---	---
Connecticut: Long Lane Farm-----	207	1	2	3	8	16	28	40	43	66	---	---
Delaware:												
Delaware Industrial School for Girls-----	60	---	1	1	3	5	15	4	19	12	---	---
Industrial School for Colored Girls-----	52	---	---	---	---	3	10	20	6	13	---	---
District of Columbia: National Training School for Girls-----	53	---	---	---	---	1	4	10	13	25	---	---
Florida: Florida Industrial School for Girls-----	7	---	---	4	2	1	---	---	---	---	---	---
Georgia: Georgia Training School for Girls-----	215	1	1	8	7	28	37	40	50	43	---	---
Hawaii: Kawaihoa Training School for Girls-----	49	---	---	---	3	5	19	16	6	---	---	---
Idaho: Idaho Industrial Training School-----	45	---	---	2	3	8	11	13	6	2	---	---
Illinois: State Training School for Girls-----	308	---	---	---	---	---	---	---	---	---	---	308
Indiana: Indiana Girls' School-----	54	---	1	---	---	3	3	18	29	---	---	---
Iowa: Training School for Girls-----	85	---	---	2	5	9	19	16	20	14	---	---
Kansas: Girls' Industrial School-----	52	---	---	---	---	4	6	13	16	10	3	---
Louisiana: State Industrial School for Girls-----	15	---	---	---	3	4	4	4	---	---	---	---
Maine: State School for Girls-----	21	---	---	---	---	---	---	3	9	9	---	---
Maryland:												
Maryland Training School for Colored Girls-----	40	---	---	---	1	10	26	1	1	1	---	---
Montrose School for Girls-----	58	---	---	---	---	3	9	15	18	13	---	---
Massachusetts: Industrial School for Girls-----	126	---	1	3	4	15	20	35	29	19	---	---
Michigan: Girls' Training School-----	187	---	1	2	12	31	56	57	25	3	---	---
Minnesota: Home School for Girls-----	151	---	---	---	1	5	9	29	34	73	---	---

Missouri: State Industrial Home for Girls-----	39	---	---	---	2	2	6	6	12	11	---	---
Montana: The State Vocational School for Girls-----	37	---	---	---	1	---	4	7	12	12	---	---
Nebraska: Girls' Training School-----	29	1	---	---	---	---	3	5	11	9	---	---
New Hampshire: New Hampshire State Industrial School-----	35	---	---	---	---	---	6	6	8	14	---	---
New York: New York State Training School for Girls-----	535	---	---	2	6	22	60	163	121	161	---	---
North Carolina: State Home and Industrial School for Girls-----	170	---	---	10	24	48	29	59	---	---	---	---
North Dakota: State Training School-----	10	---	---	---	---	1	2	2	2	3	---	---
Ohio: The Girls' Industrial School-----	537	---	---	2	22	60	105	133	135	80	---	---
Oklahoma: State Industrial School for Girls-----	82	2	1	8	9	29	33	---	---	---	---	---
Oregon: Oregon State Industrial School for Girls-----	17	---	---	---	2	---	---	3	7	5	---	---
Pennsylvania:												
Pennsylvania Training School-----	97	---	---	---	---	---	---	---	---	---	---	97
Sleighton Farm School for Girls-----	267	---	---	---	2	10	26	47	87	95	---	---
Rhode Island: Oaklawn School for Girls-----	28	---	---	---	---	1	4	4	10	9	---	---
South Dakota: South Dakota Training School-----	6	---	---	---	---	---	---	---	---	---	---	6
Texas: Texas State Girls' Training School-----	255	---	1	5	12	14	43	45	63	72	---	---
Utah: Utah State Industrial School-----	48	---	---	---	---	5	9	12	11	11	---	---
Vermont: Weeks School-----	25	---	---	---	2	2	2	7	8	4	---	---
Virginia:												
Virginia Home and Industrial School for Girls-----	251	---	---	---	19	39	33	57	51	52	---	---
Virginia Industrial School for Colored Girls-----	88	---	---	---	---	---	---	---	---	---	---	---
Washington: State School for Girls-----	232	1	---	8	13	31	22	39	50	68	---	---
West Virginia:												
West Virginia Industrial Home for Girls-----	190	2	3	3	8	17	34	29	42	52	---	---
West Virginia Industrial Home for Colored Girls-----	1	---	---	---	---	---	---	---	---	---	---	1
Wisconsin: Wisconsin Industrial School for Girls-----	133	---	---	---	---	---	---	---	---	---	---	---
Wyoming: Wyoming Girls' School-----	24	---	---	1	1	9	11	28	39	45	---	7

<sup>a</sup>In addition to 8 girls 12 years of age, this includes 1 girl of 9 years, 2 of 10 years, and 1 of 11 years.

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# Social Statistics

Supplement Number 2, December 1938

to

THE CHILD—Monthly News Summary  
Volume 3, Number 6

## C O N T E N T S .

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# ANALYSIS OF GROUP-WORK STATISTICS REPORTED FROM URBAN AREAS, January 1937-January 1938

In the Social-Statistics Supplement for December 1937 an analysis was presented of group-work statistics reported from urban areas for the period January through June 1937. The following brief article presents preliminary figures for January 1937 through January 1938. As in the case of the earlier article figures are presented separately for local agencies, for which reports are customarily in terms of attendance figures, and for national-program groups, in which reports are customarily in terms of membership.

## Group-Work Statistics of 182 Local Agencies

Attendance at group meetings, reported by 182 local agencies in 27 cities, was approximately 6 percent larger in January 1938 than in January 1937. The total attendance of persons at group activities conducted under the auspices of the reporting agencies amounted to 1,362,000 in January 1937 and to 1,441,000 in January 1938.

A classification of agencies, the reports from which were sufficiently complete to be included in this analysis, are presented in table 1. Of the 182 agencies, 114 were classified locally as settlements.

Table 1.--Number of local agencies supervising group activities that submitted reports, January 1937-January 1938, by type of agency

Type of agency	Number of agencies	Urban areas represented
(1)	(2)	(3)
Total.....	182	<sup>a</sup> 27
Settlements.....	114	20
Boys' Clubs.....	8	6
Y. M. C. A.....	12	9
Y. W. C. A.....	17	14
Salvation Army.....	2	2
Public recreation....	3	2
Other.....	26	17

<sup>a</sup>Unduplicated

In this project groups are classified according to their type of organization. In the first and largest classification, made up primarily of clubs, classes, and teams, are the regularly scheduled groups with definite enrollment. In the second classification, including the other principal activities reported, are groups for which a regular period is scheduled but for which there is no definite enrollment. A third classification is made for special events. This includes all activities open to others than members of the groups and their guests. The increase in attendance in January 1938 as compared with January 1937 was for the most part accounted for by an increase of

Table 2.--Monthly attendance at group activities reported by 182 local agencies, by major types of group organization, January 1937-January 1938

Month	Total	Groups with definite enrollment	Groups without definite enrollment	Special events
(1)	(2)	(3)	(4)	(5)
January 1937.....	1,362,441	876,913	372,060	113,468
February..	1,477,408	916,667	404,050	156,691
March.....	1,630,028	1,021,895	449,806	158,327
April.....	1,572,624	928,367	472,990	171,267
May.....	1,541,821	802,937	575,450	163,434
June.....	1,465,902	531,497	837,123	97,282
July.....	1,369,029	490,752	788,552	89,725
August....	1,174,419	380,364	703,744	90,311
September..	764,441	302,857	418,034	43,550
October...	1,140,692	692,980	350,731	96,981
November..	1,389,218	881,437	410,279	97,502
December..	1,375,915	730,960	409,860	175,095
January 1938.....	1,441,148	896,525	436,988	107,635

attendance at regularly scheduled groups without definite enrollment. Attendance at this type of group activity increased from 372,000 in January 1937 to 437,000 in January 1938 (17 percent). Attendance at regularly scheduled groups with definite enrollment increased slightly, while attendance at special events showed a slight decrease.

Monthly fluctuations during the 13-month period and in attendance at the three major types of group activities separately are indicated in table 2 and in chart 1.

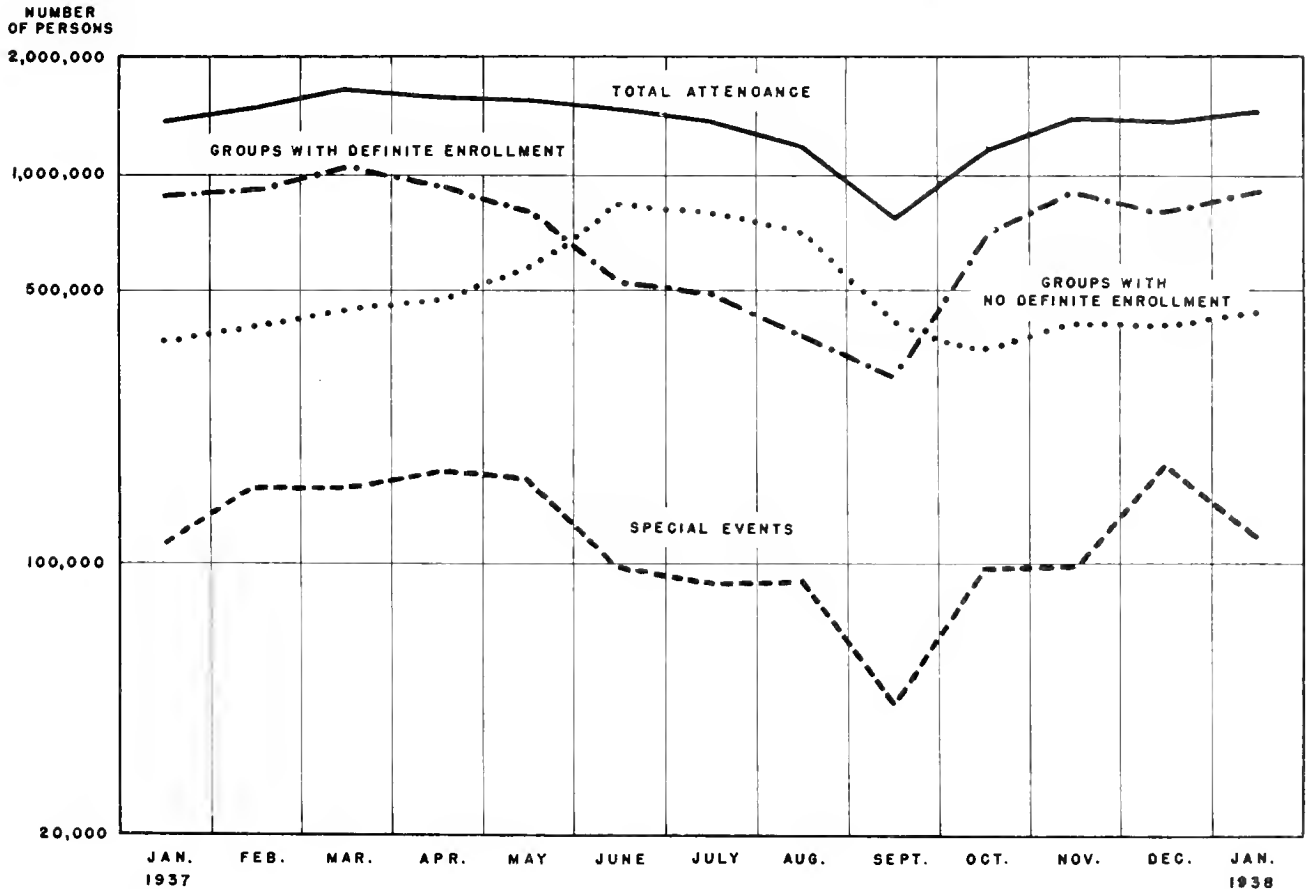
Compared with the total, attendance figures for the three major types of organized group activities showed marked irregularities during the year 1937. Attendance at regularly scheduled groups with definite enrollment accounted for nearly two-thirds of the attendance in all but 4 months. During the period June through September, attendance reported for regularly scheduled groups without definite enrollment was most important. Supervised playground activity, classified under

regularly scheduled groups with no definite enrollment, had an important effect on the attendance figures for such groups. The greatest fluctuations during the year among the three principal types of groups were shown by attendance at special events.

For the year as a whole regularly scheduled groups with definite enrollment accounted for 53 percent of the total attendance; regularly scheduled groups without definite enrollment, for 38 percent; and special events, for 9 percent.

An indication of the change in type of program during the year is given by further analysis of figures for March, the month of largest attendance, and of those for August and for September, two of the months with least attendance. Since September is the month during which agencies generally close the year's program, it probably is not so representative as August for indicating the type of program conducted in months with low attendance.

CHART 1.— ATTENDANCE BY TYPES OF GROUPS REPORTED BY 182 LOCAL AGENCIES, JANUARY 1937— JANUARY 1938



In terms of the total attendance reported by all types of groups, regularly scheduled groups with definite enrollment accounted for 63 percent of the attendance in March, 32 percent in August, and 39 percent in September. Regularly scheduled groups without definite enrollment accounted for 27 percent of the attendance in March, 60 percent in August, and 55 percent in September. Special events accounted for 10 percent of the attendance in March, 8 percent in August, and 6 percent in September.

One hundred and sixty-eight agencies reported additional information that helps to reveal the characteristics of group-work activities in the months with highest and lowest attendance. Among these 168 agencies, as shown in table 3, 12,870 regularly scheduled groups with definite enrollment meeting in March had an average of 4.1 sessions per group. These figures indicate that decreases in attendance between March and August at this type of group activity are traceable to

Table 3.--Number of regularly scheduled groups, number of sessions, and attendance reported by 168 agencies engaged in group work, March, August, and September, 1937

Item	March	August	September
(1)	(2)	(3)	(4)
Regularly scheduled groups with definite enrollment:			
Number of groups...	12,870	3,635	4,841
Number of sessions.....	52,883	17,738	14,934
Attendance.....	920,688	333,015	273,861
Average sessions per group.....	4.1	4.9	3.1
Average attendance per session.....	17.4	18.8	18.3
Regularly scheduled groups without definite enrollment:			
Number of groups..	3,051	2,038	1,810
Number of periods..	13,074	17,634	15,197
Attendance.....	430,999	572,296	369,894
Average periods per group.....	4.3	8.7	8.4
Average attendance per period.	33.0	32.5	24.3

the smaller number of active groups, and that the groups meeting during August met even more frequently on the average than the groups meeting in March. During September, although the number of regularly scheduled groups with definite enrollment increased to 4,841, the average number of sessions was only 3.1 per group. This increase in the number of groups presumably reflects a renewal of programs during September, when, however, a significant proportion of the groups held only a minimum number of sessions. The average number of persons attending per session was approximately 17 in March and varied from 18 to 19 in August and September.

Regularly scheduled groups without definite enrollment reported by the 168 agencies decreased in number from March to August, from 3,051 to 2,038. The average number of periods per group, however, increased from 4.3 in March to 8.7 in August, while the average attendance per period reported for this type of group activity remained practically the same, at 33 and 32 persons, respectively. Although it seems safe to conclude from these figures that the increased attendance, between March and August, at group activities of this type resulted from an increased frequency of sessions, the reports supporting this conclusion do not include figures from some of the agencies showing the greatest gains in attendance. During September, although the average number of periods per group remained almost the same as in August, the number of groups reported decreased to 1,810 and the average attendance per period fell to approximately 24.

#### *Local Groups Organized Under National Programs*

Compared with figures reported for the first day of January 1937, reports for the first day of January 1938 showed substantial increases in the number of members enrolled by Boy Scout, Girl Scout, and Camp Fire Girl Councils reporting to the Bureau.<sup>1</sup> Boy Scout membership reported by 32 councils increased from 118,700 to 127,800 (8 percent); Girl Scout membership reported by 30 councils increased from 57,100 to 59,700 (5

<sup>1</sup>The cities from which reports have been included in the present tabulation are as follows: *Boy Scouts*.--Akron, Atlanta, Birmingham, Boston, Chicago, Cleveland, Columbus, Dayton, Denver, Des



Table 4.--Number of local councils under three national programs that reported to the Children's Bureau, and boy or girl membership, number of groups, and average number of members per group on January 1, 1937, and January 1, 1938

Program	Number of councils that reported	Membership of councils		Number of groups supervised by councils		Average number of members per group	
		January 1, 1937	January 1, 1938	January 1, 1937	January 1, 1938	January 1, 1937	January 1, 1938
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Boy Scouts of America.....	32	118,657	127,762	4,933	5,152	24	25
Girl Scouts, Inc.....	30	57,095	59,722	2,688	2,841	21	21
Camp Fire Girls, Inc.....	17	15,891	17,899	1,230	1,278	13	14

percent); and Camp Fire Girl membership reported by 17 councils increased from 15,900 to 17,900 (13 percent). These figures include only memberships held by girl or boy members and do not include a count of adult members.

Moines, Detroit, Duluth, Grand Rapids, Hartford, Los Angeles, Louisville, Milwaukee, Minneapolis, Newark, New Haven, Pittsburgh, Providence, Richmond, St. Paul, Sioux City, Syracuse, and Wilkes-Barre.

*Girl Scouts.*-- Akron, Atlanta, Birmingham, Boston, Bridgeport, Buffalo, Chicago, Cleveland, Columbus, Dallas, Dayton, Denver, Des Moines, Detroit, Du-

Table 4 indicates the number of councils reporting and shows for January 1 of each year the membership of the councils, the number of groups supervised, and the average number of members per group.

luth, Los Angeles, Louisville, Milwaukee, Minneapolis, Newark, New Haven, New Orleans, Omaha, Pittsburgh, Providence, Richmond, St. Paul, Springfield, Mass., and Syracuse.

*Camp Fire Girls.*-- Atlanta, Boston, Buffalo, Chicago, Cleveland, Dallas, Denver, Des Moines, Detroit, Grand Rapids, Los Angeles, Minneapolis, Omaha, and St. Paul.

## SOURCES OF FUNDS FOR HEALTH AND WELFARE PROGRAMS, AS REPORTED FOR 16 URBAN AREAS, 1936

The year 1936 surpassed all previous years in volume of expenditures for welfare purposes in the United States. As to the sources from which funds were obtained, however, and the cost of the individual types of services provided, little is known. Even the combined cost of all services can be estimated but roughly. An analysis of the sources of 1936 welfare funds in 16 urban areas, therefore, should be of particular interest. A discussion of welfare costs in these areas, chiefly in terms of per capita costs by type of service, has been presented elsewhere.<sup>1</sup>

<sup>1</sup>Comparative Expenditures for Health and Social Work, 1936. Bulletin No. 97, Community Chests and Councils, Inc., New York, 1938. 31 pp. See also Indianapolis Checks Up, by Raymond Clapp,

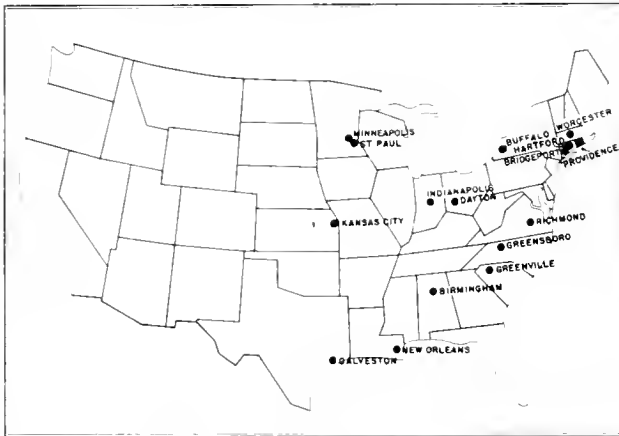
The data on which the present analysis is based were collected in connection with the Children's Bureau social-statistics project. In sponsoring and planning this special summary, however, the Bureau received cooperation and assistance from Community Chests and Councils, Inc., and five areas participated which are affiliated with that organization but which are not included in the

in *Community Chests and Councils*, vol. 14, no. 2 (October 1938), pp. 24-27. The classifications and basic figures used in the present article are the same as those used in the former of these publications, except that in the city of Buffalo, a late revision in the base on which expenditures for the Federal works programs were estimated reduced the figure for family service and general dependency by \$2,322,000.

registration area for the social-statistics project: namely, Galveston, Greensboro, Greenville, Kansas City (Kans.), and Worcester. The 16 urban areas included were selected because of their own special interest in the subject, the ready accessibility of data on expenditures, or other special considerations. The distribution of their expenditures cannot be considered to represent that of urban areas in general.

The areas are located in the East, the South, and the Midwest (fig. 1). They are medium-sized

FIG. 1.—LOCATION OF CITIES PARTICIPATING IN STUDY



communities, ranging in population in 1930 from 54,000 to 762,000. The population of all 16 areas combined was about 4,500,000 persons in 1930.

The major types of health and welfare work for which expenditures are tabulated are family service and general dependency (including aid to dependent children), child care, leisure-time activities, hospital care, and health service other than hospital care. Miscellaneous smaller services are classified as "all other." A further subdivision of these fields appears as an appendix on page 16. A substantial part of the cost of the Federal works programs, as shown in the appendix, has been included. Only those hospitals and health agencies are included that are operated on a nonprofit basis; these, however, include all but a few health agencies in these cities. The year referred to is the calendar year 1936, although a few agencies reported on a fiscal-year basis.

The data on expenditures include not only relief or its equivalent and the cost of professional services, but also local administrative

expenses.<sup>2</sup> Where accounting records providing the exact detail required have been lacking, estimates have been used. The resulting tabulations are consequently subject to an unknown but substantial margin of error. Their value lies in the light they may shed on the general nature of welfare expenditures in a peak year, and warning is given that delicate shades of difference should be disregarded.

#### *Sources of Funds for All Services Combined*

The combined expenditures of the 16 cities for all health and welfare purposes totaled roughly \$190,000,000. As is apparent from table 1, 52 percent of this amount represented Federal funds, of which a large part went into the various works programs. An additional 30 percent was provided from State and local public sources, making a total of 82 percent derived from public funds. As an indication of the change which this represents from the predepression period, it is interesting to refer to substantially comparable figures available for 5 of the 16 cities for the year 1924.<sup>3</sup> Expenditures from public funds in these cities, ranging from 80 to 88 percent of the total in 1936, constituted only 21 to 41 percent of the much smaller total in 1924. Viewed from another angle, expenditures from public funds in the 5 cities as a group increased more than elevenfold, while those from nonpublic funds increased only about one-quarter.

Although the 16 areas sought actively for private contributions for welfare purposes and expended more than \$11,000,000 from such sources, private contributions accounted for only about 6 percent of the total expenditures. To this, perhaps, should be added the income from endowments, which, typically, represents private contributions made in earlier years. As these funds amounted to only a little more than 1 percent of the total, the value of the principal of endowment funds in the 16 cities as a group probably did not exceed \$40,000,000 to \$50,000,000. A much more important source of funds was payments for services

<sup>2</sup>The data are confined strictly to current expenditures, however, and exclude investments and purchases of capital equipment.

<sup>3</sup>Clapp, Raymond: *Study of Volume and Cost of Social Work, 1924*. (May 1926. Mimeographed.) The 5 cities included in both studies are Buffalo, Dayton, Indianapolis, Minneapolis, and St. Paul.

rendered, or payments by beneficiaries, making up approximately 10 percent of the total.<sup>4</sup> Examples of such payments are payments for hospital care, including payments by private patients and amounts

be more meaningful and useful (fig. 2). The percentages of expenditures from public funds ranged from 58 in Greensboro to 90 in Birmingham but were between 70 and 89 in most cities. Federal funds

Table 1.--Percentage distribution of expenditures for all health and welfare services, by source of funds for 16 urban areas, 1936

Urban area <sup>a</sup>	Total expenditures	Public funds			Private contributions	Income from endowments	Payments by beneficiaries	All other
		Total	Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
All areas.....	100	82	52	30	6	1	10	1
Birmingham, Ala. ...	100	90	77	13	4	(b)	5	1
Bridgeport, Conn. ...	100	78	40	38	6	2	13	1
Buffalo, N.Y. ....	100	88	49	39	4	1	6	1
Dayton, Ohio.....	100	81	52	29	5	1	12	1
Galveston, Texas....	100	71	51	20	8	5	15	1
Greensboro, N.C. ...	100	58	41	17	20	1	19	2
Greenville, S.C. ...	100	70	58	12	16	1	12	1
Hartford, Conn. ....	100	68	32	36	10	5	16	1
Indianapolis, Ind. .	100	84	60	24	5	1	10	(b)
Kansas City, Kans. .	100	89	75	14	4	(b)	7	(b)
Minneapolis, Minn. .	100	80	44	36	7	1	11	1
New Orleans, La. ...	100	85	72	13	5	1	8	1
Providence, R.I. ...	100	73	42	31	10	6	10	1
Richmond, Va. ....	100	76	43	33	16	3	5	
St. Paul, Minn. ....	100	83	53	30	5	2	10	
Worcester, Mass. ...	100	78	38	40	6	2	13	1

<sup>a</sup> For territory included in these areas, see appendix table 8.

<sup>b</sup> Less than one-half of 1 percent.

received through hospital-insurance plans, money paid to children's agencies by parents or other relatives for boarding-home or day-nursery care, and dues paid by participants in leisure-time activities. A scant 1 percent came from miscellaneous sources, chiefly the sale of goods or services to persons other than clients.

As a consequence of the heterogeneity of the areas included, the significance of these data for the combined areas unquestionably is limited and the figures for individual cities are believed to

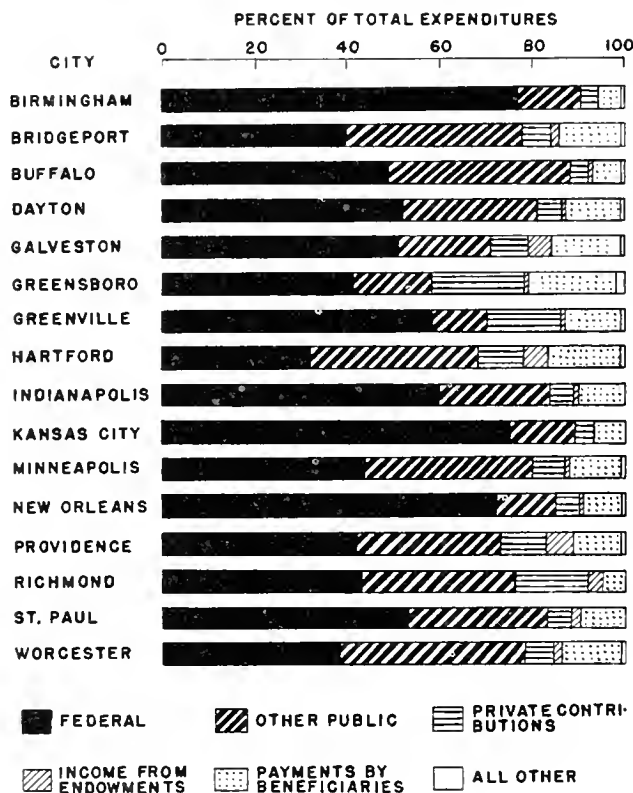
<sup>4</sup> Payments by beneficiaries are included in all tabulations presented in this article; the detailed figures appearing in table 8 will permit the elimination of such funds by anyone whose specialized use for the data makes this desirable.

ranged from 32 percent of expenditures in Hartford to 77 percent in Birmingham; State and local funds, from 12 percent in Greenville to 40 percent in Worcester. The smallest proportion of private contributions (4 percent) was found in Birmingham, Buffalo, and Kansas City, whereas Greensboro, with 20 percent, had the largest proportion. Only Hartford, Providence, and Galveston obtained as much as 5 percent of their funds from income from endowments. Payments by beneficiaries ranged from 5 percent in Birmingham and Richmond to 19 percent in Greensboro; the high percentage in this latter city is believed to reflect in part an unusually broad local interpretation of welfare activities.

When the areas are grouped by geographic regions, there are indications of regional differences in sources of funds. The Eastern areas, for

example, appear to rank below the Southern and Midwestern areas in the percentage of Federal funds and above them in the percentage of State and local

FIG. 2.—PERCENTAGE DISTRIBUTION OF HEALTH AND WELFARE EXPENDITURES BY SOURCE OF FUNDS, FOR 16 CITIES, 1936



funds. The Southern areas rank lowest in percentage of funds secured from State and local sources but appear to receive slightly larger proportions of funds from private contributions.

On the theory that these regional differences may reflect economic factors to a substantial degree, the areas are grouped in figure 3 by approximate "planes of living."<sup>5</sup> It seems clear from this

<sup>5</sup>The plane-of-living index used in grouping the areas applies to the county in which the area or major part of the area is located and represents conditions as of about 1930. The index is based on the number of income-tax returns, radios, and residential telephones, all computed on a per capita basis. For a discussion of the purpose and method of preparation of the index, see Carter Goodrich et al., *Migration and Economic Opportunity, 1920-34*, University of Pennsylvania Press, Philadelphia, 1935. P. 17 ff.

chart that the cities with a higher level of living depended to a slighter extent on Federal funds than did the poorer cities, and to a greater extent on State and local public funds. With regard to the relative importance of the various private sources, no material and clear-cut differences can be observed.

#### Sources of Funds for Major Classes of Service

A glance at the distribution of funds by type of program reveals that funds from the various major sources were used for widely different purposes. Of the Federal funds, for example, 99 percent went for family service and general dependency. Of other public funds 60 percent went for this purpose and 24 percent went for hospitals. Private contributions were spread more evenly over the various services, with family service and leisure-time activities getting the major share. Endowment funds went chiefly to hospitals and family service, whereas three-fourths of the payments by beneficiaries went to hospitals. The details of these distributions are given in table 2.

Table 2.—Percentage distribution of expenditures from each source of funds, by type of service in 16 urban areas, 1936

Types of service	Total expenditures	Public funds		Contributions	Endowments	Beneficiaries	All other
		Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
All services	100	100	100	100	100	100	100
Family service	73	99	60	31	25	3	56
Care of children	4	(a)	7	19	19	2	13
Leisure time	4	....	2	23	15	18	13
Hospital care	15	1	24	9	27	74	14
Other health	3	(a)	7	10	11	3	2
All other...	1	....	(a)	8	3	(a)	2

<sup>a</sup> Less than one-half of 1 percent.

The actual amounts expended for each of the major classes of service are shown in figure 4, which reveals the overwhelming importance of the family and general-dependency program. This class of welfare activity accounted for \$139,000,000 of the total of \$190,000,000 for all programs. In

figure 4 also the public funds are distinguished from the private.

When attention is directed particularly to family welfare and general dependency, as in table 3, it is seen that public funds made up more than 90 percent of all expenditures for this purpose in all cities except Greensboro (80), Hartford (89), and Richmond (89). Private contributions were relatively insignificant in this class of service,

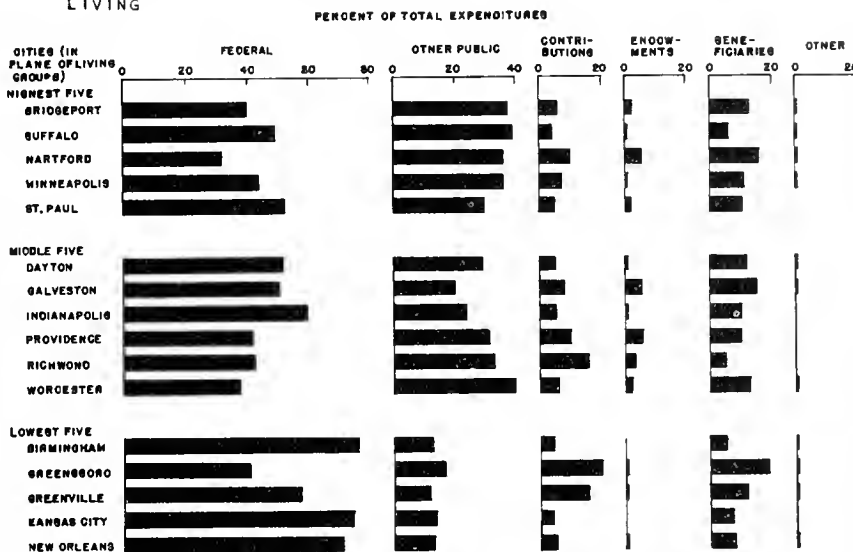
Table 3.—Percentage distribution of expenditures for family service and general dependency, by source of funds, for 16 urban areas, 1936

Urban area <sup>a</sup>	Total expenditures	Public funds		Contributions	Endowments	Beneficiaries	All other
		Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
All areas.	100	71	25	3	(b)	(b)	1
Birmingham..	100	92	7	(b)	....	(b)	1
Bridgeport...	100	61	34	3	1	1	(b)
Buffalo.....	100	64	33	2	(b)	(b)	1
Dayton.....	100	69	29	1	(b)	(b)	1
Galveston...	100	78	15	5	1	1	(b)
Greensboro...	100	67	13	17	(b)	(b)	3
Greenville...	100	95	2	3	....	(b)	(b)
Hartford....	100	58	31	8	2	(b)	1
Indianapolis	100	83	14	3	(b)	(b)	(b)
Kansas City.	100	88	11	1	(b)	(b)	(b)
Minneapolis.	100	60	35	3	(b)	1	1
New Orleans.	100	91	6	2	(b)	(b)	1
Providence..	100	66	27	4	2	1	(b)
Richmond....	100	69	20	10	1	(b)	(b)
St. Paul....	100	69	28	2	1	(b)	(b)
Worcester...	100	57	37	2	1	2	1

<sup>a</sup> For territory included in these areas, see table 6.

<sup>b</sup> Less than one-half of 1 percent.

FIG. 3.—PERCENTAGE OF 1936 HEALTH AND WELFARE EXPENDITURES FROM EACH OF SPECIFIED SOURCES, FOR 16 CITIES GROUPED BY PLANE OF LIVING



amounting to more than 8 percent of the total only in Greensboro (17) and Richmond (10). Endowments, beneficiaries, and other sources were of even less importance in this large class.

Turning to services for the care of children (table 4), it is found that only about half of the funds for this purpose were provided from

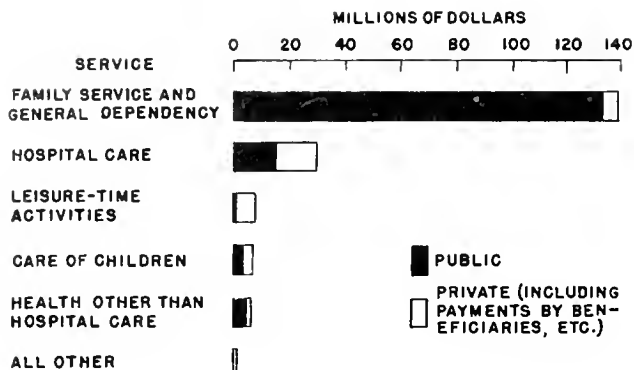
public sources, and that these funds were almost exclusively State and local.<sup>6</sup> The lowest percentage of public funds in this program was found in Greenville (23) and the highest in Indianapolis (74). Private contributions accounted for about one-third of the combined funds for all cities, falling to 16 percent in Indianapolis and rising to 69 percent in Greenville. In Galveston and Richmond one-quarter of the funds for this purpose consisted of income from endowments, whereas payments by parents, relatives, or guardians exceeded 8 percent of the total only in Greensboro (13), Kansas City (12), and Worcester (16).

The major source of funds for leisure-time activities (table 5) was payments by beneficiaries, such payments representing chiefly the cost of food and lodging and payments of dues.<sup>7</sup> For all cities combined, such funds made up 43 percent of the total. In Dayton, however, they accounted for 65 percent, whereas in Kansas City the percentage

<sup>6</sup>The aid-to-dependent-children program is not included in this class but is instead considered as family service. Were this program classified in the children's field, the total expenditures for care of children would be increased by approximately one-third, the additional amounts being largely State and local public funds.

<sup>7</sup>The high percentage of funds received as payments by beneficiaries resulted from the inclusion of dormitories and restaurants operated by organizations such as the Young Men's Christian Association and the Young Women's Christian Association.

FIG. 4.--AMOUNTS EXPENDED FOR SPECIFIED HEALTH AND WELFARE ACTIVITIES IN 16 CITIES, BY MAJOR SOURCE OF FUNDS, 1936



was only 17. Private contributions made up 35 percent of the total in the cities as a group, ranging from 64 percent in Greenville to 24 per-

Table 4.--Percentage distribution of expenditures for care of children, by source of funds, for 16 urban areas, 1936

Urban area <sup>a</sup>	Total expenditures	Public funds		Con-tributions	En-dow-ments	Bene-fici-aries	All other
		Fed-eral	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
All areas.	100	(b)	54	31	7	6	2
Birmingham..	100	....	47	47	(b)	5	1
Bridgeport..	100	....	69	18	5	6	2
Buffalo.....	100	....	59	31	4	3	3
Dayton.....	100	....	66	27	....	6	1
Galveston...	100	....	25	43	26	4	2
Greensboro..	100	....	66	21	....	13	....
Greenville..	100	....	23	69	6	1	1
Hartford....	100	....	62	20	12	6	(b)
Indianapolis	100	....	74	16	2	4	4
Kansas City.	100	....	35	53	....	12	(b)
Minneapolis.	100	....	46	35	9	8	2
New Orleans.	100	....	25	50	17	3	5
Providence..	100	....	52	36	5	7	(b)
Richmond....	100	3	29	41	24	3	(b)
St. Paul....	100	....	50	35	7	7	1
Worcester...	100	....	42	26	8	16	8

<sup>a</sup> For territory included in these areas, see Table 8.

<sup>b</sup> Less than one-half of 1 percent.

cent in Hartford. State and local public funds<sup>8</sup> accounted for only 15 percent of the combined expenditures for all cities and exceeded 16 percent only in Buffalo (27), Indianapolis (33), and Kansas City (37). Providence obtained 26 percent of

Table 5.--Percentage distribution of expenditures for leisure-time activities, by source of funds, for 16 urban areas, 1936

Urban area <sup>a</sup>	Total expenditures	Public funds		Con-tributions	En-dow-ments	Bene-fici-aries	All other
		Fed-eral	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
All areas	100	....	15	35	5	43	2
Birmingham...	100	....	3	42	(b)	55	(b)
Bridgeport...	100	....	11	29	11	47	2
Buffalo.....	100	....	27	27	1	36	9
Dayton.....	100	....	5	27	2	65	1
Galveston....	100	....	3	53	5	31	8
Greensboro...	100	....	6	48	1	45	(b)
Greenville...	100	....	(b)	64	(b)	27	9
Hartford.....	100	....	6	24	18	51	1
Indianapolis.	100	....	33	27	1	39	....
Kansas City..	100	....	37	45	....	17	1
Minneapolis..	100	....	13	36	3	47	1
New Orleans..	100	....	11	51	1	35	2
Providence...	100	....	11	33	26	30	(b)
Richmond.....	100	....	16	49	(b)	33	2
St. Paul.....	100	....	12	54	(b)	31	3
Worcester....	100	....	6	36	7	51	(b)

<sup>a</sup> For territory included in these areas, see table 8.

<sup>b</sup> Less than one-half of 1 percent.

its funds for such activities from income from endowments.

Table 6 reveals that State and local public funds and payments by beneficiaries together provided 92 percent of the funds expended for hospital care, the two sources being about equally important. Here Richmond and Kansas City represented

<sup>8</sup>Of considerable importance in this field, however, is the leisure-time educational and recreational program financed by the Federal works program. In this analysis costs of the works program have all been included in the family-service and general-dependency field without further analysis as to the type of work projects conducted.

the extremes. In Richmond, where proprietary hospitals excluded from this study cared for a majority of the patients who were able to pay, 86 percent of all funds were from State and local public

Table 6.—Percentage distribution of expenditures for hospital care, by source of funds, for 16 urban areas, 1936

Urban area <sup>a</sup>	Total expenditures	Public funds		Contributions	Endowments	Beneficiaries	All other
		Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
All areas..	100	1	47	3	3	45	1
Birmingham...	100	15	47	6	(b)	29	3
Bridgeport...	100	..	42	3	4	50	1
Buffalo.....	100	..	60	(b)	1	38	1
Dayton.....	100	(b)	31	9	1	58	1
Galveston....	100	3	28	(b)	14	52	3
Greensboro...	100	11	26	7	1	54	1
Greenville...	100	..	40	14	(b)	46	(b)
Hartford.....	100	..	47	1	6	46	(b)
Indianapolis..	100	..	47	1	(b)	51	1
Kansas City..	100	..	6	7	(b)	85	2
Minneapolis..	100	..	46	1	1	52	(b)
New Orleans..	100	5	42	4	2	47	(b)
Providence...	100	..	43	12	10	35	..
Richmond.....	100	(b)	86	4	4	6	..
St. Paul.....	100	..	41	3	1	55	(b)
Worcester....	100	..	53	2	4	41	(b)

<sup>a</sup> For territory included in these areas, see table 8.

<sup>b</sup> Less than one-half of 1 percent.

sources and only 6 percent represented payments by beneficiaries. In Kansas City the corresponding percentages were 6 and 85. Private contributions were of greatest importance in Greenville, where they constituted 14 percent of the total; and income from endowments was most important in Galveston, where it constituted 14 percent of the total.

Table 7 indicates the sources of funds for health agencies other than hospitals, a field in which State and local public funds again predominated, with 66 percent of the total. State and

local public funds were relatively most important in Birmingham (80 percent) and least important in Providence and Greenville (both 49 percent). Private contributions exceeded 25 percent in 5 cities only: Greensboro (28), Hartford (29), Kansas City (26), Providence (29), and Worcester (27); they amounted only to 8 percent of the total in Indianapolis. Income from endowments was relatively greatest in St. Paul (23 percent) and payments from beneficiaries were most important in Greenville (26), Indianapolis (24), and New Orleans (25).

Table 7.—Percentage distribution of expenditures for health service, other than hospital, by source of funds, for 16 urban areas, 1936

Urban area <sup>a</sup>	Total expenditures	Public funds		Contributions	Endowments	Beneficiaries	All other
		Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
All areas..	100	(b)	66	19	5	10	(b)
Birmingham...	100	6	80	11	(b)	3	(b)
Bridgeport...	100	..	71	20	1	8	(b)
Buffalo.....	100	..	75	15	5	5	(b)
Dayton.....	100	..	77	17	..	6	(b)
Galveston....	100	..	60	13	13	12	2
Greensboro...	100	2	65	28	..	4	1
Greenville...	100	..	49	18	4	26	3
Hartford.....	100	..	61	29	5	5	(b)
Indianapolis..	100	..	67	8	1	24	..
Kansas City..	100	..	65	26	(b)	9	..
Minneapolis..	100	..	73	21	(b)	6	(b)
New Orleans..	100	..	51	18	6	25	(b)
Providence...	100	2	49	29	8	9	3
Richmond.....	100	..	63	24	1	12	(b)
St. Paul.....	100	..	54	17	28	(b)	1
Worcester....	100	..	59	27	5	8	1

<sup>a</sup> For territory included in these areas, see table 8.

<sup>b</sup> Less than one-half of 1 percent.

Funds for miscellaneous welfare activities, going largely to administrative and planning agencies associated with the Community Chest, were provided largely from private contributions.

Table 8.--Amounts expended for all health and welfare services, by source of funds, for 16 urban areas, 1936

Area and type of service	Territory included	Total expenditures	Public funds			Private contributions	Income from endowments	Payments by beneficiaries	All other
			Total	Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
All areas									
All services....		\$190,557,994	\$156,963,975	\$99,342,060	\$57,621,915	\$11,482,715	\$2,636,002	\$18,151,570	\$1,323,732
Family service.....		139,125,717	133,722,615	98,944,692	34,777,923	3,539,332	645,373	476,139	742,258
Care of children....		7,146,506	3,838,666	7,824	3,830,842	2,223,406	511,597	395,631	177,206
Leisure time.....		7,630,256	1,166,987	.....	1,166,987	2,625,721	390,370	3,274,301	172,877
Hospital care.....		29,527,405	14,265,755	363,192	13,902,563	967,746	714,064	13,398,848	180,992
Other health.....		6,030,309	3,951,808	26,352	3,925,456	1,170,915	298,617	578,726	30,243
All other.....		1,097,801	18,144	.....	18,144	955,595	75,981	27,925	20,156
Birmingham.....	County	10,980,310	9,949,513	8,490,540	1,458,973	402,092	363	535,505	92,837
All services....		8,973,229	8,879,004	8,287,560	591,444	44,907	.....	932	48,386
Family service.....		185,403	86,275	.....	86,275	87,593	220	8,881	2,434
Care of children....		279,260	8,331	.....	8,331	116,550	101	153,776	502
Leisure time.....		1,233,332	759,087	188,015	571,072	71,361	38	361,862	40,984
Hospital care.....		252,073	216,816	14,965	201,851	26,872	4	8,118	263
Other health.....		57,013	.....	.....	.....	54,809	.....	1,936	268
All other.....									
Bridgeport.....	Area <sup>a</sup>	6,375,773	4,986,099	2,581,240	2,404,859	387,897	133,715	837,249	30,813
All services....		4,234,333	4,038,313	2,581,240	\$ 1,457,073	121,248	35,198	35,106	4,468
Family service.....		304,554	211,672	.....	211,672	55,818	14,702	17,653	4,709
Care of children....		297,725	33,330	.....	33,330	86,405	32,157	139,038	6,795
Leisure time.....		1,241,915	516,479	.....	516,479	39,433	48,350	623,675	13,978
Hospital care.....		263,454	186,305	.....	186,305	52,106	2,403	21,777	863
Other health.....		33,792	.....	.....	.....	32,887	905	.....	.....
All other.....									
Buffalo.....	County	41,878,636	36,857,425	20,564,321	16,293,104	1,688,551	230,785	2,744,126	357,749
All services....		32,127,935	31,296,817	20,564,321	10,732,496	521,859	43,630	112,825	152,804
Family service.....		1,699,389	996,241	.....	996,241	518,791	73,269	49,968	61,120
Care of children....		1,195,332	327,203	.....	327,203	322,659	11,445	430,965	103,060
Leisure time.....		5,396,554	3,226,678	.....	3,226,678	25,259	27,689	2,077,506	39,422
Hospital care.....		1,333,181	1,004,323	.....	1,004,323	193,047	62,768	72,862	181
Other health.....		126,245	6,163	.....	6,163	106,936	11,984	.....	1,162
All other.....									

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Dayton.....	11,010,368	8,917,661	5,670,400	3,247,261	579,726	55,569	1,354,566	102,846
All services.....								
Family service.....	8,219,301	8,048,138	5,668,400	2,379,738	76,508	7,106	7,977	79,572
Care of children....	322,084	212,881	.....	212,881	88,297	.....	18,810	2,096
Leisure time.....	638,552	31,814	.....	31,814	170,622	16,967	413,611	5,638
Hospital care.....	1,542,259	484,374	2,000	482,374	139,556	20,688	890,835	6,806
Other health.....	181,664	139,352	.....	139,352	31,661	.....	10,125	526
All other.....	106,408	1,102	.....	1,102	73,082	10,808	13,208	8,208
Galveston.....								
All services.....	1,191,212	846,384	610,154	236,230	91,706	64,070	173,688	15,364
Family service.....	766,538	713,824	601,044	112,780	40,085	5,348	3,663	3,618
Care of children....	35,630	8,790	.....	8,790	15,487	9,449	1,311	593
Leisure time.....	40,570	1,205	.....	1,205	21,665	2,088	12,531	3,081
Hospital care.....	288,008	90,195	9,110	81,085	1,125	40,113	149,610	6,965
Other health.....	53,938	32,370	.....	32,370	6,816	7,072	6,573	1,107
All other.....	6,528	.....	.....	.....	6,528	.....	.....	.....
Greenboro.....								
All services.....	1,150,388	670,651	469,097	201,554	233,231	4,334	218,162	24,010
Family service.....	652,784	521,119	438,164	82,955	110,553	364	10	20,738
Care of children....	17,731	11,732	.....	11,732	3,706	.....	2,293	.....
Leisure time.....	155,223	8,659	.....	8,659	75,014	1,543	69,943	64
Hospital care.....	265,423	97,187	29,828	67,359	19,162	2,427	144,111	2,536
Other health.....	47,542	31,954	1,105	30,849	13,111	.....	1,805	672
All other.....	11,685	.....	.....	.....	11,685	.....	.....	.....
Greenville.....								
All services.....	879,946	616,763	507,885	108,873	143,714	6,093	102,625	10,751
Family service.....	534,400	520,164	507,885	12,279	13,773	.....	235	228
Care of children....	55,987	12,692	.....	12,692	38,717	3,176	616	786
Leisure time.....	86,405	128	.....	128	55,215	436	23,075	7,551
Hospital care.....	137,603	54,469	.....	54,469	19,630	23	63,061	420
Other health.....	59,763	29,310	.....	29,310	10,591	2,458	15,638	1,766
All other.....	5,788	.....	.....	.....	5,788	.....	.....	.....
Hartford.....								
All services.....	8,959,802	6,101,015	2,852,338	3,248,677	915,407	467,103	1,447,891	28,386
Family service.....	4,895,293	4,341,727	2,852,338	1,489,389	405,830	112,085	15,421	20,230
Care of children....	614,279	382,981	.....	382,981	123,066	71,661	36,544	27
Leisure time.....	706,339	44,850	.....	44,850	170,061	125,325	359,583	6,520
Hospital care.....	2,196,754	1,021,688	.....	1,021,688	25,947	135,484	1,013,436	199
Other health.....	504,148	309,769	.....	309,769	148,281	22,548	22,907	643
All other.....	42,989	.....	.....	.....	42,222	.....	.....	767

<sup>a</sup> Cities of Bridgeport, Fairfield, and Stratford.

<sup>b</sup> City of Greenville, town of West Greenville, and surrounding unincorporated residential areas, and industrial mill villages.

<sup>c</sup> City of Hartford, and towns of Bloomfield, East Hartford, Newington, West Hartford, Wethersfield, and Windsor.

Table 8.--Amounts expended for all health and welfare services, by source of funds, for 16 urban areas, 1936--Continued

Area and type of service	Territory included	Total expenditures	Public funds			Private contributions	Income from endowments	Payments by beneficiaries	All other
			Total	Federal	State and local				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Indianapolis..... All services....	County	\$ 16,011,612	\$ 13,452,617	\$ 9,533,180	\$ 3,919,437	\$ 800,657	\$ 65,062	\$ 1,632,029	\$ 61,247
Family service.....		11,542,928	11,200,632	9,533,180	1,667,452	295,813	28,708	9,934	7,841
Care of children....		829,910	618,880	.....	618,880	130,701	15,715	33,765	30,849
Leisure time.....		835,947	279,609	.....	279,609	221,637	5,779	323,922	.....
Hospital care.....		2,272,811	1,068,250	.....	1,068,250	24,267	3,267	1,154,470	22,557
Other health.....		426,890	285,246	.....	285,246	36,082	3,209	102,353	.....
All other.....		103,126	.....	.....	.....	92,157	8,384	2,585	.....
Kansas City..... All services....	County	4,913,303	4,352,250	3,701,249	651,001	133,166	1,193	368,392	8,297
Family service.....		4,215,431	4,188,264	3,701,249	487,015	24,315	408	2,225	219
Care of children....		56,587	19,676	.....	19,676	30,065	.....	6,703	143
Leisure time.....		139,917	51,722	.....	51,722	62,900	.....	24,388	907
Hospital care.....		386,165	24,485	.....	24,485	28,484	248	325,920	7,028
Other health.....		105,200	68,103	.....	68,103	27,399	542	9,156	.....
All other.....		10,003	.....	.....	.....	10,003	.....	.....	.....
Minneapolis..... All services....	Area <sup>d</sup>	26,136,108	21,015,904	11,458,338	9,557,566	1,811,879	200,320	2,394,879	213,126
Family service.....		19,066,261	18,084,848	11,458,338	6,626,510	849,838	61,522	111,207	158,846
Care of children....		875,870	405,472	.....	405,472	307,209	75,461	71,497	16,231
Leisure time.....		1,231,893	164,975	.....	164,975	441,695	33,744	579,763	11,716
Hospital care.....		4,030,271	1,852,419	.....	1,852,419	44,367	27,070	2,087,767	18,648
Other health.....		692,098	501,390	.....	501,390	146,551	2,135	39,270	2,752
All other.....		239,715	6,800	.....	6,800	222,219	388	5,375	4,933
New Orleans..... All services....	Area <sup>e</sup>	19,567,154	16,589,806	14,034,864	2,554,942	998,510	247,832	1,601,959	129,047
Family service.....		15,279,184	\$ 14,789,678	13,903,187	886,491	300,588	80,538	17,447	90,933
Care of children....		522,435	131,614	.....	131,614	261,827	86,182	17,483	25,329
Leisure time.....		241,581	25,837	.....	25,837	124,738	2,052	84,025	4,929
Hospital care.....		2,800,116	1,318,178	131,677	1,186,501	115,380	42,395	1,320,810	3,353
Other health.....		633,188	320,870	.....	320,870	116,575	35,586	157,609	2,548
All other.....		90,650	3,629	.....	3,629	79,402	1,079	4,585	1,955

APPENDIX

City	10,009,400	7,351,794	4,155,960	3,195,834	1,015,039	548,182	1,033,807	60,578
Providence.....								
All services....								
Family service....	6,244,588	5,826,274	4,145,678	1,680,596	225,013	137,034	14,978	41,289
Care of children...	506,005	262,395	.....	262,395	184,057	25,512	33,224	817
Leisure time.....	455,623	49,186	.....	49,186	151,606	117,712	134,798	2,321
Hospital care.....	2,278,622	978,830	.....	978,830	266,650	227,129	806,013	.....
Other health.....	464,092	235,109	10,282	224,827	133,875	36,958	44,794	13,356
All other.....	60,470	.....	.....	.....	53,838	3,837	.....	2,795
Richmond.....								
All services....	4,531,879	3,461,326	1,968,901	1,492,425	725,803	129,899	204,976	9,875
Family service....	2,842,004	2,540,149	1,958,515	581,634	266,715	24,505	7,194	3,441
Care of children...	299,162	94,202	7,824	86,378	121,490	72,617	10,314	539
Leisure time.....	329,169	51,866	.....	51,866	161,457	2,135	108,122	5,589
Hospital care.....	671,916	578,030	2,562	575,468	24,309	26,457	43,120	.....
Other health.....	312,285	196,629	.....	196,629	76,574	2,842	35,990	250
All other.....	77,343	450	.....	450	75,258	1,343	236	56
St. Paul.....								
All services....	17,298,398	14,291,864	9,091,696	5,200,168	918,375	275,857	1,725,063	87,239
Family service....	13,099,419	12,660,511	9,091,696	3,568,815	278,102	63,608	36,767	60,431
Care of children...	482,238	238,966	.....	238,966	168,856	35,677	33,602	5,137
Leisure time.....	477,440	57,815	.....	57,815	256,882	1,662	149,300	11,781
Hospital care.....	2,766,313	1,133,996	.....	1,133,996	87,068	33,527	1,504,193	7,529
Other health.....	370,925	200,576	.....	200,576	62,669	104,130	1,201	2,349
All other.....	102,063	.....	.....	.....	64,798	37,253	.....	12
Worcester.....								
All services....	9,663,705	7,502,903	3,651,897	3,851,006	586,962	205,620	1,276,653	91,567
Family service....	6,432,089	6,073,153	3,651,897	2,421,256	164,185	45,319	100,218	49,214
Care of children...	339,242	144,197	.....	144,197	87,726	27,956	52,967	26,396
Leisure time.....	519,180	30,457	.....	30,457	186,615	37,224	262,461	2,423
Hospital care.....	2,019,343	1,061,410	.....	1,061,410	35,748	79,159	832,459	10,567
Other health.....	329,868	193,686	.....	193,686	88,705	15,962	28,548	2,967
All other.....	23,983	.....	.....	.....	23,983	.....	.....	.....

<sup>d</sup> City of Minneapolis and village of Edina.

<sup>e</sup> Orleans Parish; St. Bernard Parish, Wards No. 1, 2, 3, 4, and 5; and Jefferson Parish, Wards No. 1, 2, 3, 4, 7, 8, and 9.

*Types of service included in major health and welfare fields in tabulation  
of expenditures in 16 urban areas, 1936*

*Children's Bureau  
schedule number for  
service reporting*

Family service and general dependency:

Family welfare and relief. . . . .	R-1
Works program:	
Works Progress Administration and National Youth Administration (includes wages of relief and nonrelief project workers; does not include costs of materials, central administrative expenses, or sponsors' contributions). . . . .	(a)
Other Federal agencies (including Public Works Administration) conducting work projects (includes only wages of persons certified as in need of relief. . . . .)	(a)
Civilian Conservation Corps (estimated at \$70 per person per month for average monthly number of persons enrolled--this amount based on obligations incurred for cash allowances, clothing, shelter, subsistence, medical care, and certain other items) . . . . .	(a)
Aid to the blind . . . . .	R-3
Old-age assistance . . . . .	R-3
Aid to dependent children (mothers' aid) . . . . .	R-2
Legal aid. . . . .	M-1
Institutions for aged and dependent adults . . . . .	M-2
Institutions for chronically ill . . . . .	M-2
Service and relief to unattached individuals and nonresident families. . . . .	R-4
Shelters and other institutions for the transient and homeless . . . . .	R-5
Adult probation. . . . .	(a)
Bureaus of domestic relations. . . . .	(a)

Care of children:

Protective and foster care of children . . . . .	C-1
Institutions for dependent and neglected children. . . . .	C-2
Day nurseries. . . . .	C-3
Maternity homes. . . . .	C-4
Juvenile courts and children's probation departments . . . . .	(a)
Homes for delinquents. . . . .	(a)

Leisure-time activities:

Group-work agencies. . . . .	G-1
Dormitory, restaurant, room-registry, and employment services. . . . .	(a)
Local groups organized under national programs . . . . .	G-2
Summer camps . . . . .	(a)

Hospital care:

Hospital in-patient service. . . . .	H-1
Convalescent and chronic care. . . . .	H-1
Mental hygiene . . . . .	(a)

Health service other than hospital:

Clinic service . . . . .	H-2
Mental-hygiene clinics . . . . .	H-5
Medical social service . . . . .	H-4
Medical service provided in the home by health and welfare departments and hospitals. . . . .	H-3
Public-health nursing. . . . .	H-6
School nursing . . . . .	H-7
Other school-health services . . . . .	H-7
Generalized public-health services . . . . .	(a)
Fresh-air and health camps . . . . .	(a)

All other:

Community-chest administration and campaign. . . . .	(a)
Social-service exchange. . . . .	M-3
Council of social agencies . . . . .	(a)
Miscellaneous community-chest agencies not otherwise classified. . . . .	(a)

<sup>a</sup>The Children's Bureau social-statistics project does not provide for service statistics in this field.

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# Child

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY



## THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

### ADVANCES MADE IN THE FEDERAL-STATE PROGRAM FOR MATERNAL AND CHILD HEALTH<sup>1</sup>

BY MARTHA M. ELIOT, M. D.,  
ASSISTANT CHIEF, U. S. CHILDREN'S BUREAU

**M**aternal and child-health plans submitted by the States reflect needs that vary widely because of geographic, racial, agricultural, industrial, and economic differences. This is as it should be. However, as the programs have developed it has become apparent that certain basic functions have been assumed by the State divisions of maternal and child health. Among these functions are the following:

(1) To develop maternity and child-health services in all sections of the State as component parts of the local health departments.

(2) To assist in the organization of local health units by providing maternal and child-health services in unorganized areas.

(3) To cooperate with all other bureaus of the State health department in activities affecting the health and welfare of mothers and children, such as public-health nursing, control of communicable diseases including tuberculosis and syphilis, dental hygiene, collection and study of vital statistics, control of milk and water supply.

(4) To conduct studies of the health problems of mothers and children in the State.

(5) To seek the cooperation of the physicians of the State in extending State-wide facilities for continuous health supervision throughout pregnancy

and in infancy and childhood, and in providing care for sick children and for women at delivery.

(6) To seek the cooperation of physicians and all other citizens of the State in informing the public as to what is good maternity care, infant care, and care of children at different stages of growth and development and how facilities for such care may be made available in each locality in the State.

(7) To be responsible for establishing high standards of service in the maternal and child-health field.

(8) To cooperate with all agencies concerned with the problems of child health or welfare, such as bureaus of child welfare, departments of education, and agricultural-extension services.

(9) To cooperate with medical and other professional groups in providing the facilities for postgraduate education in maternal care and care of children, and the related fields of nutrition and dental care.

(10) To promote health education through the schools and the general public.

Progress reports from the maternal and child-health divisions of the 48 States, Alaska, Hawaii, and the District of Columbia for the year ended June 30, 1938, have been received at the Children's Bureau. These show that during the year ended June 30, 1938, medical supervision was given to expectant mothers in prenatal clinics held in

<sup>1</sup>From a paper read at the annual meeting of the American Public Health Association, Kansas City, Mo., Oct. 25-28, 1938.

511 counties<sup>2</sup> in 33 States. Although the figures are not entirely comparable with those of 1937, this represents an increase of approximately 25 percent in the area served. Child-health conferences were held in 338 counties in 13 States in 1938. This represents an increase of approximately 30 percent in the area served, as compared with 1937. The services of local practicing physicians are being utilized increasingly in conducting these conferences for the health supervision of children and expectant mothers. Three thousand, one hundred and thirty-five practicing physicians conducted prenatal and child-health conferences and examinations of school children under the maternal and child-health program during the fiscal year 1938, an increase of 23 percent over the previous year. These physicians were all paid for their services from maternal and child-health funds.

Still another evidence of progress is the use of technical committees of practicing pediatricians and obstetricians in the States to assist in setting up standards for the conduct of the conferences, and to assist in the training of general practitioners to do this work. In other States staff obstetricians or pediatricians have taken over this responsibility.

In addition to giving nursing assistance at medical conferences, public-health nurses gave prenatal nursing supervision in the homes in 1,329 counties in 1938, an increase of more than 30 percent over the areas served in 1937; and child-health nursing supervision was given in 1,372 counties in 49 States, an increase of about 30 percent as compared with 1937. According to the latest available figures<sup>3</sup> 972 of the 3,072 counties in the United States are without any public-health nurses.

In addition to these basic health-supervision services, planning for the care of the mother at delivery and of the infant in the neonatal period is becoming recognized as one of the most important services to be rendered by the local staff. In approximately 50 local areas in 23 States, organized home-delivery nursing service is guaranteed, and there are at least as many more

communities where public-health nurses assist physicians in some cases at home deliveries. This is an accomplishment far beyond expectation and one that has taxed the ingenuity and initiative of those responsible for it. In a number of States the problems of medical and nursing care of the premature infant are being given special attention.

Though as yet unable to provide funds to pay physicians for delivery care, a number of States are exploring ways of meeting the need of general practitioners for case-consultation service in obstetrics and pediatrics. In 18 States obstetricians or pediatricians are being employed on a full-time salary basis for this purpose, usually to serve in a single district or county demonstration unit; in 22 States, consultants are employed on a part-time basis; and in 5 States specialists from an approved list may be called for consultation by general practitioners, and payment is made on a case basis.

Interest in postgraduate education in obstetrics and pediatrics for practicing physicians is increasing. In 1936, 15 States conducted courses under the maternal and child-health plan in cooperation with State medical societies. Each successive year the number of States providing such courses has increased. For the year ended June 30, 1938, courses either in pediatrics or in obstetrics or in both were held in 38 States, with an enrollment of approximately 19,000 physicians in each type of course. The courses for local practitioners are creating a demand for short courses in obstetrics and pediatrics at medical centers where clinical observation and actual experience can supplement lectures.

Evidence of the steadily increasing appreciation of the importance of nutrition in the maternal and child-health programs is seen in the number of States that are adding nutritionists to their staffs, usually in the maternal and child-health division. On June 30, 1936, 9 States had full-time nutritionists on their staffs, and today 24 States employ 43 full-time nutritionists. In addition to acting as an adviser to the State and local staff, the nutritionist is finding an important function in coordinating the nutrition services offered by various State and local agencies.

Dental services are being offered in conjunction with the maternal and child-health program in

<sup>2</sup>Counties or other local subdivisions.

<sup>3</sup>Census of Public-Health Nursing, January 1938. Compiled by public-health-nursing consultants in U. S. Public Health Service and U. S. Children's Bureau.



34 States. The major emphasis remains on preventive dentistry and dental education. An increasing number of States are providing dental services in the prenatal and child-health conferences and greater efforts are being made to obtain the support of the communities in providing needed dental corrective care for expectant mothers and for children unable to obtain such care otherwise.

Increasing efforts are being made to solve the midwife problem in many States. Approximately 35,000 practicing midwives were reported by 34 States. Nearly 23,000 (66 percent) of these midwives were working under the supervision of the State departments of health in 28 of these States. In a few States this supervision includes personal observation of the work of midwives at delivery by a supervising nurse-midwife.

Fundamental to permanent progress in all fields of public health is education. Until a majority of the people understand the objectives and the means by which they can be achieved and are able to apply the basic principles of healthful living to their own lives, any health program will move slowly. The extension of maternal and child-health services into sections of the country that have never before known such service and the combining of teaching with service are a very fundamental kind of education, but if health is to be made a part of living it must be taught with the A B C's. An important function of the State health department is cooperating with the State departments of education in the teaching of health in the schools. When the younger children have learned the basic principles of nutrition and healthful living, and the older boys and girls the essentials of prenatal, infant, and child care, the Nation will be a long way on the road to knowing what constitutes adequate health care for mothers and children and will plan to provide it more satisfactorily.

The figures that have been given as to territory covered by medical clinics and conferences, by public-health-nursing services, by special types of maternity-nursing service, show how much ground there is still not covered, how much there is still to be done, how much opportunity there will be to report further progress in the future. That the State health departments are conscious of the gaps is shown by the response of the States to

the question as to their greatest needs in providing for maternal and child health. Twenty-eight States listed specific needs amounting to a total of \$22,000,000 annually. The needs appearing most frequently in these lists included funds for payment of physicians' fees for delivery and other medical care, hospitalization for maternity cases, additional public-health nurses, additional prenatal and child-health conferences, additional nutritionists, and additional public-health units. Many States included other needs without specifying the required personnel or costs.

Having come to the realization of the necessity for a courageous attack that would meet the problem of maternity care and care of newborn infants with no half-way measures, national organizations and individual citizens have united in an effort to develop public opinion favorable to action. The creation early in 1938 of the National Committee on Better Care for Mothers and Babies (now the National Council for Mothers and Babies)<sup>4</sup> was a timely development in view of the widespread public interest in the national health program presented at the National Health Conference<sup>5</sup> in July 1938 by the Technical Committee on Medical Care of the Interdepartmental Committee To Coordinate Health and Welfare Activities. Expansion of the program for maternity care and for health supervision and medical care for children was included in the national health program as one of the major measures. Specific recommendations were made following in general, as far as maternity care is concerned, the plan of action proposed at the Conference on Better Care for Mothers and Babies called by the Chief of the Children's Bureau in January 1938. The report of the Technical Committee on Medical Care to the National Health Conference shows that in the opinion of that committee a plan of gradual expansion over a 10-year period is desirable in order that administrative procedures may be sound and standards of care and qualifications of personnel may be maintained at a higher level.

<sup>4</sup>Proceedings of Conference on Better Care for Mothers and Babies. U. S. Children's Bureau Publication No. 246. Washington, 1938. 171 pp.

<sup>5</sup>Proceedings of the National Health Conference. Interdepartmental Committee To Coordinate Health and Welfare Activities. (In press.) See also The National Health Conference, by Borden Veeder, M. D., in *Journal of Pediatrics*, vol. 13, no. 3 (September 1938), p. 400.

## FOSTER-HOME CARE FOR CRIPPLED CHILDREN

By GEORGIA M. BALL, MEDICAL SOCIAL WORK CONSULTANT,  
CRIPPLED CHILDREN'S DIVISION, UNITED STATES CHILDREN'S BUREAU

Foster-home care has proved to be an important part of services for crippled children. Children who need this type of care may be classified in two general groups: First, children who must remain in the vicinity of the hospital or within reach of the orthopedist in order to receive frequent medical supervision or physiotherapy and whose own homes are distant from the treatment center; second, children whose medical progress after leaving the hospital is influenced by social conditions and whose own homes cannot meet the medical and social requirements of convalescence.

Illustrative of the first group are children with poliomyelitis or Erb's paralysis who require physiotherapy but not hospital care, and children with osteomyelitis who need to be seen frequently by the orthopedist but who do not require hospitalization. Illustrative of the second group are children with tuberculous involvements or Perthes' disease who need good physical care or limitation of activity over a long period of time and for whom adequate supervision and suitable physical surroundings cannot be provided in their own homes.

The State agencies for crippled children's services have attempted to meet problems resulting from distance and home conditions that are unsuitable and cannot be remedied, by extending their responsibilities for direct care of the child beyond that provided in institutions to that which can be given in foster homes. Although the State agencies usually do not themselves place children in foster homes, but utilize the services of agencies especially equipped for this service, they bear the ultimate responsibility for the care the child receives. This responsibility involves the development of relationships with a child-placing agency equipped to select and supervise desirable foster homes; the interpretation of the medical and social needs of the individual crippled child; the provision of any special medical, nursing, or physical-therapy services that may be necessary; and the general supervision in cooperation with the child-placing agency of the adjustment and progress of each child in a foster home. The

standards of foster care required for other children can be adapted readily to foster care for crippled children, whenever the satisfactory development of the child requires that he be regarded as a normal child with crippling only as an individual difference rather than primarily as a handicapped person. In instances of severe and permanent physical handicap it may not be wise to treat the child as a normal individual, but it is desirable to prepare him for the emotional impact of social life. Plans that take into consideration the total needs of the child and the meaning of his handicap can be developed more easily during the aftercare period than during hospitalization.

That the child's own home is the natural place for his nurture and development is the basic concept of child-caring agencies. Children are placed away from their own homes only after all effort has failed in strengthening the family life sufficiently. As is frequently stated, poverty alone is not enough to justify breaking family ties by placing the child outside his own home.

In adapting this principle to crippled children's services, it is necessary not only to safeguard family ties during long periods in hospitals and convalescent homes by encouraging correspondence and family visiting, but also, if foster-home placement is considered, to scrutinize carefully the need for it. Lack of physical resources such as food or adequate sleeping space is not often found to necessitate foster-home placement, as effective efforts by agencies in the child's home community usually will result in the necessary strengthening of the child's family life. An unsatisfactory environment may be improved during the period of hospitalization if suitable activities have been started as soon as the implications of the diagnosis are known. Foster-home placement over long periods of time usually is necessary only if the child's own home is too distant to permit the needed medical supervision or if social factors present irremediable obstacles to care in the home. If assistance in the home

can be made available, for example by providing household help, it may be unnecessary to place the child outside the home. In other instances, homes of relatives may be used so that foster-home care by strangers is not necessary.

It appears obvious in the light of these factors that foster-home placement should not be considered until after detailed examination has been made of the home conditions and of other actual or potential resources in the community. Foster-home placement, in common with any social action taken to make medical care effective for the individual, must be decided upon by the doctor and the social worker after joint consideration of the most essential elements. It is infrequently the case that all phases of the care provided for an individual child can be ideal, and only by a joint process of weighing the most important medical considerations with the most important social factors can the best plan be formulated. Recorded data should make clear the reasons why the child cannot be cared for in his own home, showing definitely adverse and irremediable home conditions that would affect the medical treatment or physical progress of the child, as evidence of the need for foster-home placement by the State agency as part of the plan of extended medical treatment.

When both convalescent home and foster home are available, decision must be made as to the preferable placement. Choice should be made on the basis of the services provided and the child's specific needs. A convalescent home ordinarily offers for a number of children an institutional program with medical supervision and special nursing services. Its advantages are thought of in terms of special care afforded; its disadvantages are thought of in terms of the lesser individualization which accompanies care of a larger number of children. A foster home ordinarily provides only a limited amount of nursing care; its advantages are thought of in terms of the normal home environment and individual care that can be provided when only one, two, or three children are placed in one home.

After preliminary considerations are met, attention should be given to the standards of foster-home care necessary for children who must

be placed outside their own homes. In view of the special problems encountered in developing foster-home care in rural communities and the gaps that exist between the ideal and what is now practical, the need is apparent for working toward common goals in standards of care in foster homes. The basic standards of care and service that should be given to children placed in foster homes are described in publications issued by the United States Children's Bureau<sup>1</sup> and by the Child Welfare League of America.<sup>2</sup>

In most States foster homes receiving children for board must obtain a license to do so from a State agency, usually the department of public welfare. Illustrative of standards set forth by the various States for the physical environment of a foster home is the statement adopted in Maryland in 1938.<sup>3</sup> These regulations were developed through the combined efforts of child-welfare workers, institution executives, board members, physicians, psychiatrists, public-health officials, and social workers and date back to a study of standards for foster care of children in Maryland completed in 1935 by the Children's Council of the Maryland State Conference of Social Work. The Maryland standards of medical care<sup>3</sup> show the extent of medical supervision considered by this State to be necessary for any child during foster-home placement.

#### ADAPTATION OF GENERAL STANDARDS TO THE NEEDS OF CRIPPLED CHILDREN

Foster-home placement of crippled children involves the same factors as does foster-home placement of the well child. No differences exist in general standards for placement. Any foster home should be chosen to meet the needs of the child whose placement is under consideration. It is well known that some foster homes may provide excellent placement facilities for certain children but poor facilities for others, depending upon

<sup>1</sup>The A B C of Foster-Family Care for Children. U. S. Children's Bureau Publication No. 216, Washington. Reissued, 1936. Pp. 2-3.

<sup>2</sup>Standards for Children's Organizations Providing Foster-Family Care. Child Welfare League of America, 130 East Twenty-second St., New York, 1933.

<sup>3</sup>Rules and Regulations Governing Foster Homes in Maryland. Board of State Aid and Charities, Baltimore, 1938. Physical equipment, pp. 6-7; medical care of children, pp. 8-9.

variable factors of age, sex, and physical and emotional needs. In the placement of crippled children additional factors frequently may be encountered because of the child's disability, which makes necessary greater emphasis upon certain elements in the foster home than upon others. Thus, in the following suggestions for adapting to use for crippled children the standards for general foster-home care, emphasis is given to qualities of the foster home in relation to the needs of these particular children.

*Security.*--"A feeling of stability and of belonging and counting for something in other lives." Enumerated alike by psychologists, educators, and child-caring experts as one of the basic needs of a normal child, security attained through warmth of understanding is a first essential of good foster-home care for the crippled child. Physical disability with its frequent accompaniment of a feeling of stigma and the loneliness of physical difference justifies especial attention to this quality in the foster home. Consequently, a stable, congenial home is of paramount importance.

*Family life.*--"A chance to live in a normal family group. . . ; to develop mutual attachments and a sense of responsibility. . . ." Long-time placement of a crippled child merits recognition of the effect on his character of the dependence or independence developed in him by the foster parents. Delayed participation in school, community, and vocational life by a handicapped person demands preparation for maximum responsibility compatible with his physical capacity. Sentimentality and pity should be avoided, also undue shielding of the child from responsibilities. Opportunities for constructive effort, expectation of adequate performance of suitable tasks, and minimum emphasis on the disability require good emotional balance and sound intelligence on the part of the foster parents.

*Sufficient nutritious food and adequate shelter.*--A crippled child, like any child, should have simple, well-prepared food, adapted to his age, and eaten at regular hours in a leisurely and cheerful atmosphere. He should also have a "clean, light, well-ventilated home, properly heated in winter, with sanitary toilet facilities," a bed of his own, and a place to keep private possessions and entertain friends. Adequate protection from

fire hazards is important, and this includes guards on open fires and gas stoves. In addition, both food and shelter must be adapted to the nature of the child's disability and medical needs.

In order to improve physical resistance and to promote general physical progress a good general diet is important, even when a special diet is not required. Especial attention to the dietary standards of the foster family and to the foster mother's knowledge of food values and her ability to cook is necessary in placing a child who needs a good general body-building program. If there are other children in the family and the child eats at the table with the others, it is desirable that he not be set apart by having foods that the others do not have, unless special diet is required. If the child's disability makes eating awkward or difficult, his food should be in a form that minimizes his difficulty. Development of good eating habits may be essential if the child is overweight or has food fads as a result of too much attention or of special indulgence.

A child who is unable to walk or who requires bed care needs a bedroom that is convenient to the bathroom. A child who requires bed care needs, in addition, especial attention to the comfort and cheerfulness of his room and frequently to the bedding and equipment available. His bedroom should be located conveniently for the foster mother, in relation to other parts of the house, and if possible should be where the child can observe and be a part of the household. If possible it should be a ground-floor room as an additional safety measure in case of fire.

*Comfortable clothing.*--The humiliation to children of wearing cast-off or ill-fitting garments is well known; children who must battle a sense of inferiority because of physical differences should be protected from any additional psychological handicap resulting from appearance at school, church, or community gatherings in unsuitable clothes. Clothing adapted to disguise any disfiguring deformity or apparatus such as back or leg braces without departure from accepted styles may free the child from self-consciousness at school or play; the use of long sleeves, long trousers, collars, well-placed pleats, or tucks may disguise the deformity without setting the child apart. Adequate protection against cold or

wet weather is part of the general attention to health especially needed by a child to whom exposure may have serious consequence.

*Health habits.*--The importance of good health habits, including frequent baths, proper care of teeth, plenty of sleep and fresh air, applies to the crippled child as to any child. The extent and kind of disability determine any extra attention that should be given to building special health habits. A crippled child may need to acquire health habits such as the avoidance of excessive fatigue through rest periods and early bedtime, or the exercise of certain muscle groups as part of the rising or retiring routine or during work and play.

*Educational essentials.*--Vocational guidance and training, essential links in the rehabilitation of the crippled child, depend upon the amount and kind of elementary-school preparation that he has had. Every attention should be given during foster-home placement to the schooling of the child. The tendency is sometimes found to keep the child out of school because there is interruption of attendance for physiotherapy or medical supervision, or because the placement period is of indefinite duration, or because transportation to school requires special effort on the part of the agency or of the foster mother. This lengthens the necessary absence from school which is occasioned by hospitalization or illness. The dislike or indifference to school, which any child is likely to feel if he is older than the other children, is increased by any unnecessary absence. For both vocational and psychological reasons any crippled child able to attend school should do so even though other routines must be built around the school hours.

Study with a teacher in the home or in special schools for the handicapped is less desirable

for most children than attendance at a regular school. Mental discipline and expectation of good performance are emphasized in the latter, and the adjustment to life in competition with normal individuals usually is easier when begun early in life. Study of the individual child will show when exceptions should be made to this policy.

Fullest development of the child's capacities and of any latent talents aids later in self-support, brings compensating satisfactions, and offers preparation for richness of interest in adult life.

*Recreation.*--Materials for constructive recreation not only lessen loneliness or idleness, but augment the opportunities for self-development provided at school. Because the crippled child frequently cannot enter the active games of other children, it is especially important that opportunities for creative satisfactions and amusement be provided. Hobbies, handwork, and games that demand team play and cooperation have been found especially beneficial. Recreation that fosters participation rather than a spectator attitude should be encouraged. Activities that provide channels for the use of the child's special abilities and that do not continually remind him of his disability offer the most constructive development.

*Community life and moral and religious training.*--The child's regard for himself as a normal person of social usefulness rather than as a handicapped individual is affected by the extent to which he shares the responsibilities and pleasures of the group. Opportunities to make friends in natural ways and to take part in community activities, contacts with adults of sound character, and attendance at religious services of the preferred type are as important for the crippled child as for any child.



## WHAT IS CHILD-WELFARE SERVICE?

(Part 3)

The case stories included in part 1 (*The Child*, June 1938) and part 2 (August 1938) illustrated problems related to the rehabilitation of the child in his own home. The following case summaries illustrate types of problems found in a county to which a worker was assigned by the Bureau of Child Welfare of the New York State Department of Social Welfare for a demonstration of the value of child-welfare services. The first of these is a story of casual placement by county officials which endangered the future of two boys, followed, through a happy accident, by placement in a good home.

## DAVE AND BILLY

Dave and Billy remember very dimly the death of their mother and the fact that they lived on their grandfather's farm until he died. At the ages of 7 and 9 years, they were placed in a boarding home at the expense of the county. This particular county had no trained children's worker, so very little thought was given to the selection of boarding homes and very little supervision was given to the children once they had been placed. No study was made of the children's family history.

When Dave, the older boy, began to wonder why he and Billy were never allowed to play with other boys after school, and why they could never have any friends, there did not seem to be anyone with whom he could talk things over. The house where they lived was spotlessly clean and the boys helped to keep it so. They got up early in the morning, made the beds, helped to sweep and dust, emptied the garbage, and arrived at school just in time for the bell. After school (if they wanted to escape punishment) home they came and the work started again. There were no books available, no games to play, no friends coming in; on Sundays the boys went to church in another town because the boarding parents did not like the church in their community.

As Dave progressed in school and the time came for his eighth-grade examination, he brought his books home to study. He was not allowed to study or to take the examination, but instead was put to work on a neighboring farm and told to bring his money home every Saturday. The boarding mother purchased his clothing from his wages but did not give him any spending money. Dave never knew what happened to the rest of his earnings.

After 6 months, and after the intervention of the local school teacher, Dave was allowed to go to high school where he began to see that life could be very pleasant for some boys. He worried not only on his own account but because of Billy, for whom he felt responsible. He began to be so

nervous that he wanted to cry every time he was called on in class, and his school work suffered. Finally he appealed to the school nurse who advised him to talk to the county authorities and ask that he and Billy be placed in another home. So Dave wrote the county officials, but nothing happened. Finally, becoming more unhappy and desperate, he talked with the neighbors who had been watching developments in the foster home with concern and sympathy. The neighbors drew up a petition to have the boys removed, and after a long time they were boarded in another home.

If it had not been for the interest of the school nurse and the neighbors, Dave and Billy would have been a tragic and frustrated pair of children. How badly they needed the help and guidance of a trained children's worker, and what years of tragedy might have been avoided if they had had such a friend to turn to! When a children's worker came to the county, she found that Dave and Billy had been in their new home for 10 months. Dave was on the honor roll in second-year high school, and the worker heard him speak at a contest where he won first prize. Billy was finishing grade school and had developed an interest in carpentry. When his boarding mother mentioned her need of a new woodshed partition, he built her one for a surprise.

The first Saturday in their new home, the foster father took the boys fishing, a new experience for them. Dave has 50 white leghorn chickens, which he bought himself, and among them is one little red hen which Dave says with a grin "belongs to Bill." Dave has organized a young people's group in the community church and has a five-piece orchestra at school. From the money he and Billy earned in the summer working for farmers, they have bought their own clothing and for the first time in their lives were allowed to buy Christmas presents with their own money. Dave has stopped worrying about his life and Billy's, and has changed from a neurotic and discouraged boy to one who says, "I can't think of a nicer place to live than right here."

If a complete history of these boys had been secured when at 7 and 9 years of age they were made wards of the county, it would have shown that they were full orphans with good possibilities for adoption. Instead, there were 7 years of heart-break for them, a high price for two boys to pay who, through no fault of their own, became dependent upon the public authorities.

## SUSIE

Susie's mother died when the child was only 9 years of age. Her father had done his best to bring her up properly, but Mr. Jenkins was not very well equipped mentally to face the problems of an adolescent girl. When Susie, at 15 years of age, showed unmistakable signs of pregnancy, he took her to a doctor who said that Susie was well advanced in pregnancy. Through the county

nurse the case was finally referred to the demonstration child-welfare worker, who had recently come to the county.

It took several weeks of intensive work to obtain Susie's history, to interview her teachers, her relatives, her doctors, and the psychiatrist at the child-guidance clinic, but finally Susie's story became a coherent and vivid picture.

Susie's mental tests showed that she was a high-grade moron. She had been promiscuous with the young lads of her own and other neighborhoods. She could not reason things out and would never do anything out a child mentally. So institutional care both before and after the birth of the baby seemed the only wise solution.

Because Susie made a good appearance, it took much time and effort to convince the county judge and the local doctors who examined her that her mentality was low and that she could not adjust to community life. It also took much time and effort to show Susie's father that she needed the care and guidance which only an institution could give.

Susie was placed in a private confinement home with the plan that upon release she should be sent to a State institution for training. Her baby will have to be boarded, at least for some time, until the child can be studied with a view to later placement for adoption if his development warrants it.

#### SHIRLEY AND TOMMY

Shirley Davis was the oldest of eight children. Her father was a plodding type of person who had labored patiently year after year to keep his large family fed. Her mother, a bleached blond, seemed to have no idea what a normal life for her children meant, although she loved them in her own way. The home had no attractiveness, just the barest necessities, so, as Shirley put it, the children "went out."

Shirley, at 22 years of age, was a pretty, pathetic-looking girl, who had had three children born out of wedlock and who had recently married

the father of her fourth child. She and her husband, a slight, weak-looking lad, had gone to housekeeping by themselves with their new baby. Five-year-old Tommy, Shirley's oldest child, was with his grandparents, the second child had died, and the third had been adopted by a cousin.

It seemed to mean a great deal to Shirley to have the status of "Mrs.," and she wistfully hoped that some day her husband's mother would speak to her. She also hoped that they could be "off relief," and her husband's future wages were all planned for by the young couple in making a home.

Shirley realized that Tommy was not having much of a chance at her mother's home. After the children's worker found that the new husband repeatedly refused to give Tommy a home and that there were no other relatives to take him, she encouraged Shirley to give him a chance in a good adoptive home.

Tommy needed considerable individual attention as he was a scared, shy, little boy who hid behind the stove when the worker first visited. When he knew her better, through many trips to the doctor and clinics, Tommy began to talk to the worker in whispers and when he went home from the last clinic, dressed in a big boy's ragged coat and no mittens, he turned and waved and said happily, "I'll be seeing you." Now, Tommy has been placed by a State-wide child-placing agency in a home where he will have the love and attention he badly needs, and where he will be really important to some one and not just "one of the kids" and "another mouth to feed."

As for Shirley and her husband and baby, they desperately need some help in planning their lives, as they are starting out with a severe handicap. Above all they need friendly help, not condemnation. It was a real event in their lives when the worker called to see them, and Shirley is making a genuine effort to keep her home attractive and clean. If some constructive guidance can be given this young couple, perhaps they can become an asset, not a liability, to their community.



# MATERNAL, INFANT, AND CHILD HEALTH

## INFANT AND MATERNAL MORTALITY RATES AT ALL-TIME LOW IN 1937

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Marked decreases occurred in both infant and maternal mortality in 1937 as compared with 1936. The infant and maternal mortality statistics issued by the Division of Vital Statistics of the United States Bureau of the Census show that the infant mortality rate for 1937 (54 per 1,000 live births) and the maternal mortality rate (49 per 10,000 live births) are the lowest rates ever recorded in the United States.

The number of live births registered in the United States in 1937 was 2,203,337, and the number of deaths was 1,150,427. The number of live births was 58,547 greater and the number of deaths 28,801 fewer than in 1936.

The birth rate was 17.0 per 1,000 estimated population and the general death rate, 11.2. The birth rate for 1937 (17.0) was higher than that for 1936 (16.7) or 1935 (16.9) but lower than that for 1934 (17.1). The general death rate for 1937 (11.2) was lower than that for 1936 (11.5) but higher than that for any year from 1931 to 1935.

### MATERNAL MORTALITY RATE 14 PERCENT LOWER

The maternal mortality rate for 1937 was 49 per 10,000 live births, a drop of 14 percent from

Table 1.--Causes of maternal mortality;  
United States, 1933-37

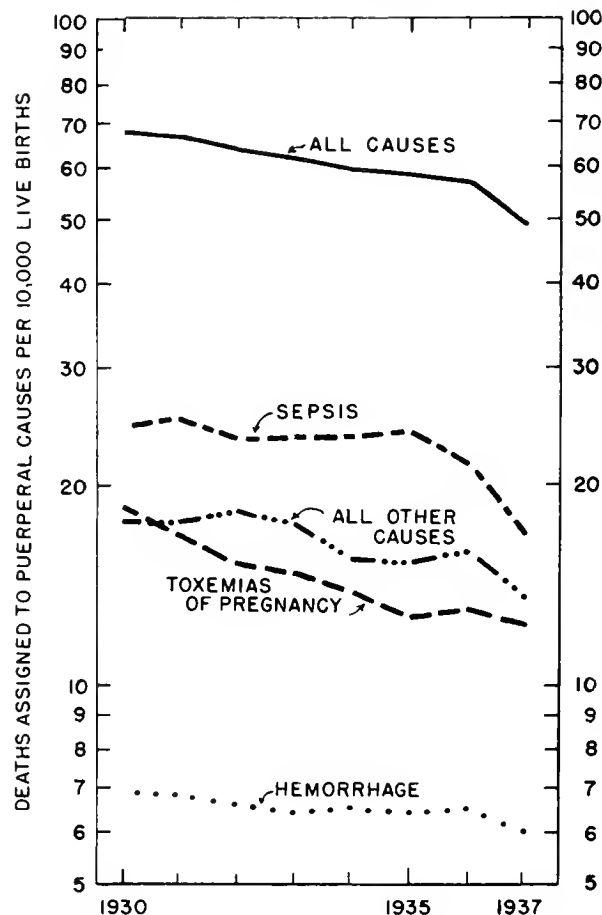
Cause of death	Maternal mortality rate <sup>a</sup>				
	1933	1934	1935	1936	1937
All causes-----	61.9	59.3	58.2	56.8	48.9
Infection-----	23.5	23.6	21.0	21.5	16.9
Due to abortion---	9.8	10.2	10.1	8.4	6.9
Not due to abortion	13.7	13.4	13.9	13.1	10.0
Toxemias of pregnancy-----	11.7	13.8	12.6	13.0	12.3
Hemorrhage-----	6.4	6.5	6.4	6.5	6.0
All other causes----	17.3	15.4	15.2	15.8	13.7
Nonseptic abortion	3.1	2.6	2.8	3.2	2.6
Other causes-----	14.2	12.8	12.4	12.6	11.1

<sup>a</sup>Deaths per 10,000 live births.

the previous low rate of 57 established in 1936.

The number of maternal deaths in 1937 was 10,769. This was 1,413 fewer than in 1936, when 12,182 women were recorded as having died from

FIG. 1.--TREND OF MATERNAL MORTALITY, BY CAUSE;  
UNITED STATES, 1930-37<sup>a</sup>



<sup>a</sup>Expanding birth-registration area; entire United States included, 1933-37.

conditions directly resulting from pregnancy and childbirth. Of the 10,769 maternal deaths, 3,727 were due to infection; 2,717, to toxemias of pregnancy; 1,319, to hemorrhage; and 3,006, to all other causes. The mortality rate from each of these important causes decreased in 1937 (see table 1 and figure 1).



Connecticut, with only 25 maternal deaths per 10,000 live births, had the lowest maternal death rate. Twelve States had rates less than 40--Connecticut, Delaware, Illinois, Indiana, Michigan, Minnesota, Montana, New Jersey, Rhode Island, Utah, Wisconsin, and Wyoming. In 1936 the lowest rate in any State was 40 per 10,000 live births; two States, New Jersey and Rhode Island, had this rate.

Five States had rates for 1937 in excess of 70 per 10,000 live births--Georgia, Louisiana, Mississippi, Nevada, and South Carolina. In 1936, 10 States had rates in excess of 70. Nevada had the highest rate in 1937 (92), but the application of statistical tests indicates that the rate is not significantly different from that of 1936 (56) because of the small number of births in the State (1,742 in 1937; 1,419 in 1936). The other States with rates in excess of 70 per 10,000 live births

in 1937 all had more than 40,000 births during the year. All these States had rates of 69 or higher in 1936.

In 42 States and the District of Columbia the maternal mortality rates were lower in 1937 than in 1936; in 6 States the rates were higher. In none of the States with increases in mortality rates was the increase sufficient to be statistically significant in view of the number of births involved. Statistically significant decreases in maternal mortality were shown in 17 States. These States were: Alabama, Arizona, Colorado, Connecticut, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Missouri, New Mexico, New York, North Carolina, South Carolina, and Texas.

The number of maternal deaths in 1937 and the maternal mortality rates for 1937 and 1936 are shown for each State in table 2.

Table 2.--Maternal mortality, by States, 1937 and 1936

State (Number of deaths in 1937)	Maternal mortality rate <sup>a</sup>		State (Number of deaths in 1937)	Maternal mortality rate <sup>a</sup>	
	1937	1936		1937	1936
United States (10,769)-----	49	57	Missouri (293)-----	51	61
Alabama (390)-----	63	74	Montana (38)-----	37	55
Arizona (57)-----	54	91	Nebraska (92)-----	41	50
Arkansas (240)-----	68	76	Nevada (16)-----	92	56
California (385)-----	41	47	New Hampshire (34)-----	45	48
Colorado (105)-----	54	71	New Jersey (207)-----	38	40
Connecticut (58)-----	25	41	New Mexico (69)-----	50	74
Delaware (17)-----	39	71	New York (749)-----	40	49
District of Columbia (71)-----	58	69	North Carolina (429)-----	54	66
Florida (200)-----	68	81	North Dakota (59)-----	47	43
Georgia (472)-----	74	82	Ohio (496)-----	46	50
Idaho (47)-----	45	44	Oklahoma (214)-----	52	62
Illinois (450)-----	39	45	Oregon (62)-----	40	54
Indiana (195)-----	35	48	Pennsylvania (776)-----	48	52
Iowa (190)-----	45	46	Rhode Island (39)-----	34	40
Kansas (127)-----	43	57	South Carolina (313)-----	77	90
Kentucky (263)-----	47	56	South Dakota (48)-----	40	46
Louisiana (330)-----	72	87	Tennessee (319)-----	61	70
Maine (100)-----	66	51	Texas (666)-----	57	69
Maryland (117)-----	42	47	Utah (42)-----	33	44
Massachusetts (286)-----	46	49	Vermont (36)-----	57	50
Michigan (334)-----	36	52	Virginia (283)-----	54	58
Minnesota (148)-----	31	42	Washington (114)-----	46	52
Mississippi (368)-----	71	69	West Virginia (213)-----	50	53
			Wisconsin (195)-----	36	42
			Wyoming (17)-----	38	50

<sup>a</sup>Deaths per 10,000 live births.

### INFANT MORTALITY RATE 5 PERCENT LOWER

The number of infant deaths in 1937 was 119,931. This is 2,604 fewer than in 1936, when 122,535 infants died in the first year of life. These 119,931 deaths represent an infant mortality rate of 51 per 1,000 live births--a new low record for the United States.

This 1937 rate (51 per 1,000 live births) is 5 percent lower than the rate for 1936, when 57 of every 1,000 infants born alive died during the first year of life. The decrease is evident in both urban and rural areas and for both white and Negro infants. The 1937 rate for urban areas and the rate for white infants are the lowest ever recorded. The rates for rural areas and for Negroes are the same as in 1935. The rates in urban and rural areas and for white and Negro infants in the United States in the years of the period 1933-37 are shown in table 3. Urban areas include cities of 10,000 or more population; rural areas include all less populous districts.

New Jersey, with only 39 infant deaths per 1,000 live births in 1937, had the lowest infant mortality rate. Rates lower than the minimum for

Table 3.--Infant mortality, by area and race; United States, 1933-37

Area and race	Infant mortality rate <sup>a</sup>				
	1933	1934	1935	1936	1937
United States----	58	60	56	57	51
Urban areas-----	57	58	54	55	52
Rural areas-----	59	62	57	59	57
White-----	53	55	52	53	50
Negro-----	85	91	82	86	82

<sup>a</sup>Deaths in the first year of life per 1,000 live births.

1936 (42 per 1,000 live births--Connecticut) were reached in 6 States: Connecticut, Minnesota, Nevada, New Jersey, Utah, and Washington.

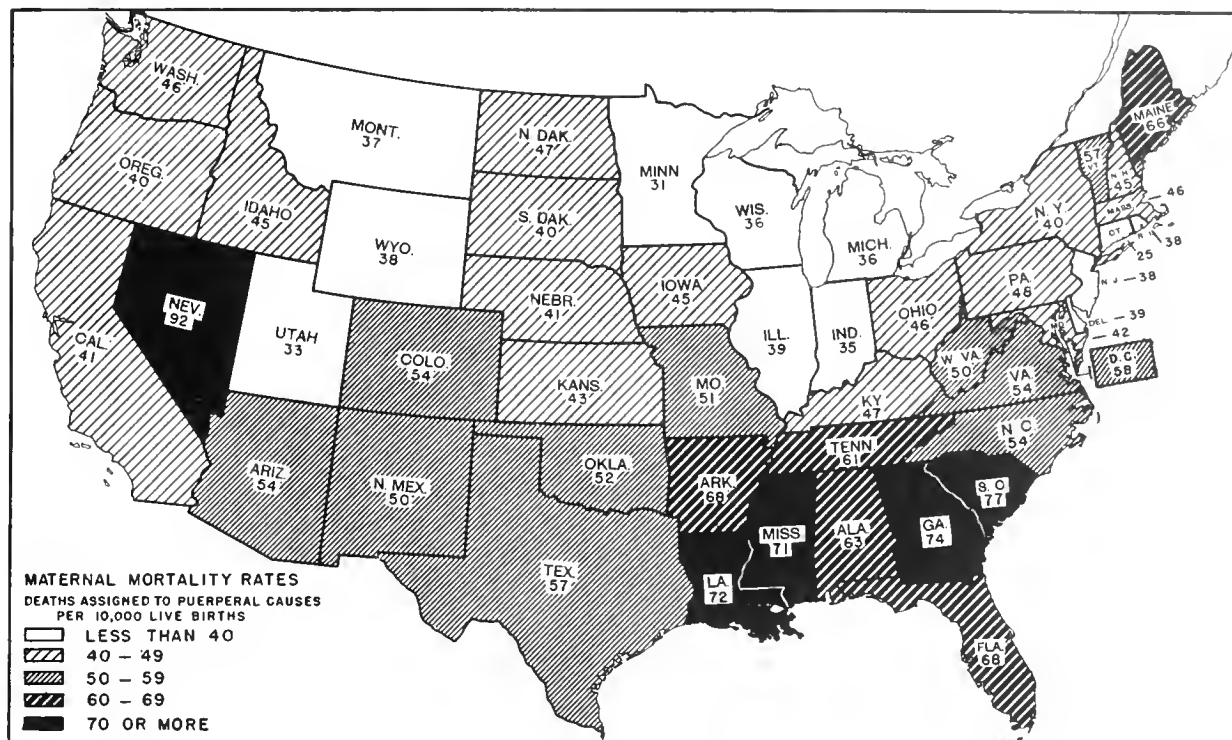
The States with infant mortality rates of 70 or more in 1937, as in 1936, were New Mexico (124), Arizona (121), Colorado (73), South Carolina (76), Texas (74), and Virginia (70).

Table 4.--Infant mortality, by States, 1937 and 1936

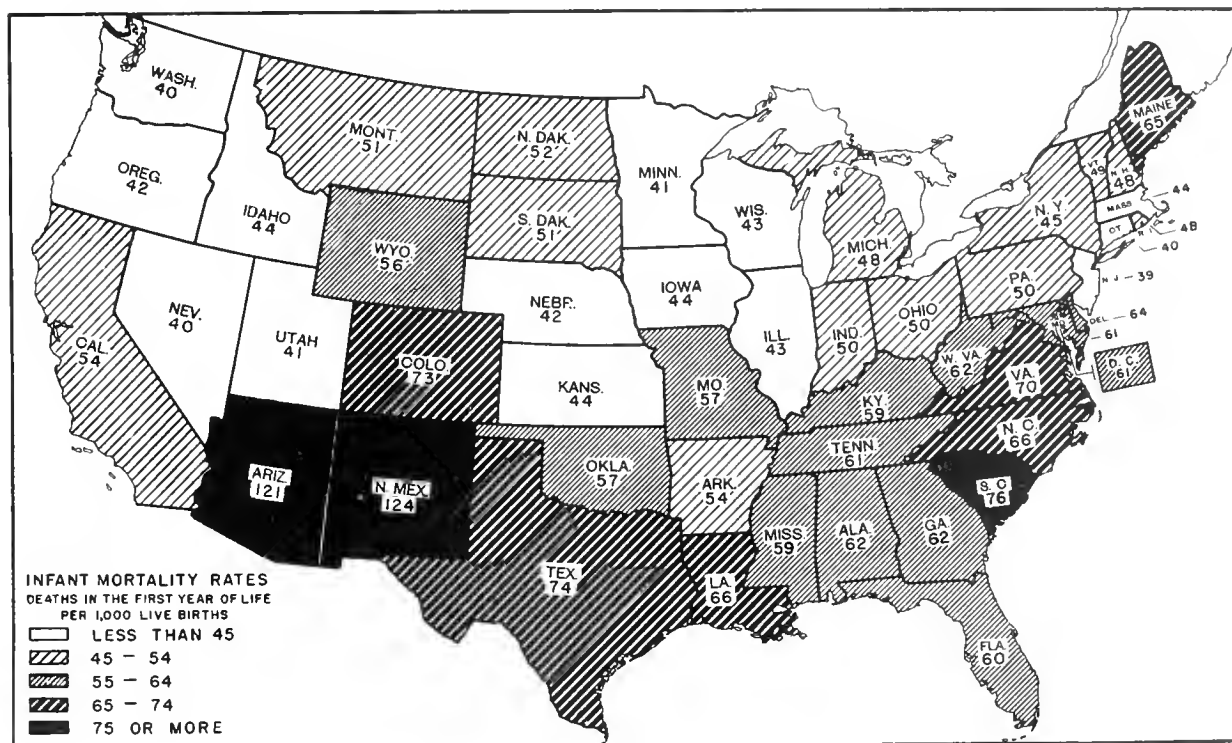
State (Number of deaths in 1937)	Infant mortality rate <sup>a</sup>		State (Number of deaths in 1937)	Infant mortality rate <sup>a</sup>	
	1937	1936		1937	1936
United States (119,931)-----	54	57	Missouri (3,219)-----	57	58
Alabama (3,844)-----	62	67	Montana (517)-----	51	57
Arizona (1,267)-----	121	120	Nebraska (937)-----	42	44
Arkansas (1,919)-----	54	51	Nevada (70)-----	40	70
California (5,070)-----	54	53	New Hampshire (367)-----	19	46
Colorado (1,441)-----	73	74	New Jersey (2,154)-----	39	44
Connecticut (921)-----	40	42	New Mexico (1,711)-----	124	122
Delaware (278)-----	64	65	New York (8,369)-----	45	47
District of Columbia (751)-----	61	72	North Carolina (5,180)-----	66	69
Florida (1,765)-----	60	59	North Dakota (662)-----	52	50
Georgia (3,952)-----	62	70	Ohio (5,332)-----	50	51
Idaho (453)-----	44	51	Oklahoma (2,345)-----	57	60
Illinois (4,967)-----	43	47	Oregon (642)-----	42	44
Indiana (2,789)-----	50	51	Pennsylvania (8,109)-----	50	51
Iowa (1,862)-----	44	48	Rhode Island (487)-----	19	48
Kansas (1,302)-----	44	52	South Carolina (3,074)-----	76	81
Kentucky (3,321)-----	59	67	South Dakota (608)-----	51	48
Louisiana (3,020)-----	66	72	Tennessee (3,171)-----	61	68
Maine (996)-----	65	64	Texas (8,575)-----	74	71
Maryland (1,705)-----	61	69	Utah (526)-----	41	53
Massachusetts (2,723)-----	44	47	Vermont (313)-----	49	58
Michigan (4,386)-----	48	51	Virginia (3,619)-----	70	74
Minnesota (1,961)-----	41	44	Washington (993)-----	40	45
Mississippi (3,066)-----	59	58	West Virginia (2,610)-----	62	71
			Wisconsin (2,324)-----	43	48
			Wyoming (252)-----	56	58

<sup>a</sup>Deaths per 1,000 live births.

## MATERNAL MORTALITY IN THE UNITED STATES, 1937



## INFANT MORTALITY IN THE UNITED STATES, 1937



In 37 States and the District of Columbia infant mortality rates were lower in 1937 than in 1936. In 11 States the rates were higher. Statistical tests show that only in 2 States (Arkansas and Texas) were the increases sufficient to be statistically significant in view of the number of live births involved. Statistically significant decreases are shown in 26 States and the District of Columbia. These States are: Alabama, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

The number of infant deaths in 1937 and the infant mortality rates for 1937 and 1936 are shown for each State in table 4.

#### SUMMARY OF INFANT AND MATERNAL MORTALITY, 1937

There were 1,413 fewer maternal deaths and 2,604 fewer infant deaths in 1937 than in 1936.

As 58,547 more births were registered in 1937 than in 1936 these smaller numbers of deaths mean especially marked decreases in mortality. Both the infant and the maternal mortality rates for 1937 are the lowest ever recorded for the United States.

The maternal mortality rate for 1937 (49 per 10,000 live births) is 14 percent lower than the rate for 1936 (57). The maternal mortality rates of 12 States were lower than any recorded in 1936. In 42 States and the District of Columbia the maternal mortality rate was lower in 1937 than in 1936, and the decrease was of statistical significance in 17 States.

The infant mortality rate for 1937 (54 per 1,000 live births) is 5 percent lower than the rate for 1936 (57). The infant mortality rates of 5 States were lower than any recorded in 1936. In 37 States and the District of Columbia the infant mortality rate was lower in 1937 than in 1936, and the decrease was of statistical significance in 26 of these States and the District of Columbia.

#### NEWS NOTES

*Preliminary program for American Congress on Obstetrics and Gynecology issued*

Plans for the first American Congress on Obstetrics and Gynecology, to be held in Cleveland, Ohio, September

11-15, 1939, are now being

made. George W. Kosmak, M. D., has been appointed chairman of the Congress, which is being sponsored by the American Committee on Maternal Welfare, Inc., at the request of national, sectional, and local societies of obstetrics and gynecology.

The purpose of the Congress is to present a program dealing with present-day medical, nursing, and health problems from a scientific, practical, educational, and economic point of view so far as they relate to human reproduction and to maternal and neonatal care. The program and exhibits will be presented in such a way that they will be of value not only to the medical profession but to

nurses and all persons and agencies concerned with these problems.

The preliminary program states that the Congress will be organized into four sections: Medical, nursing, public health, and institutional administrative. It also outlines the program of the medical section. Joint sessions of all the sections will consider neonatal care, uterine cancer, and the educational, economic, legal, humanitarian, sociologic, and ethical aspects of maternal care.

Application blanks for membership in the American Congress on Obstetrics and Gynecology can be obtained from the Congress headquarters, The Annex, 650 Rush St., Chicago. The membership fee of \$5 includes a year's membership in the American Committee on Maternal Welfare and registration in the American Congress on Obstetrics and Gynecology. (*Bureau correspondence.*)

## BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

HYPERTENSION AND PREGNANCY, by William J. Dieckmann, M. D., and Ira Brown, M. D. *American Journal of Obstetrics and Gynecology*, vol. 36, no. 5 (November 1938), pp. 799-818.

The records of more than 1,200 toxemic patients treated by the authors during a 6-year period were analyzed to determine the importance of hypertension in pregnancy and the practical value of a new classification of the toxemias. They find two large groups of patients with so-called toxemias of pregnancy: Patients with pre-eclampsia who recover completely and have no persistence of hypertension, edema, or proteinuria between pregnancies nor recurrence in subsequent ones; and patients with essential hypertension or vascular-renal disease who almost invariably have an abnormal blood pressure or proteinuria between pregnancies and a definite exacerbation in subsequent pregnancies.

The authors suggest that a central registry be set up where an abstract of each case of toxemia should be sent so that, in a short time, sufficient material would be available to permit development of standard classifications.

\* \* \* \* \*

CHILD NUTRITION IN CAMP AND INSTITUTION, by Victoria Kloss Bail. Welfare Federation of Cleveland and Cleveland Camp Council. Cleveland, Ohio. 1938. 301 pp. \$1.50.

This planographed handbook of food service, for use in institutions caring for mothers and children, was prepared by the nutrition consultant of the Welfare Federation of Cleveland, with the assistance of several dietitians in camps affiliated with the Cleveland Camp Council. The book replaces Camp Nutrition, published in 1936. Dietary standards for feeding children at minimum and moderate cost are illustrated by meal patterns and typical menus. By meal patterns the author means the arrangement of menus over a period of days to offer a pleasing variety of foods, at the same time meeting dietary and budget requirements. Methods of recording foods consumed and of evaluating the adequacy of dietaries are described in detail. Suggestions for equipping kitchens and for organizing the duties of those responsible for food service, low-cost recipes for serving 50

persons, and chapters on special food problems in children's institutions add to the value of the book for both the trained administrator and the untrained person.

FINAL REPORT OF THE ADVISORY COUNCIL ON NUTRITION. Sydney, Commonwealth of Australia (Commonwealth Government Printer, Carrierra). 1938. 166 pp.

The report covers the activities of the Advisory Council on Nutrition appointed by the Government of the Commonwealth of Australia. Over a period of 2 years the Council studied the food-consumption practices and the state of nutrition of the Australian people. The dietary study, based chiefly on monthly food records kept by 3,700 housewives in five large cities, indicates that the Australian people as a whole are well fed but that a minority (representing perhaps 6 percent of the families) are not obtaining and may not be in a position to obtain enough food. Milk, cheese, fruit, vegetables, and fish are not available to all families at sufficiently low prices.

The survey of the nutritional condition of children was carried out by a physician who visited the arid and sparsely populated interior regions of Eastern Australia in a trailer equipped with a small laboratory and a small X-ray unit. This physician examined nearly 6,000 children (including 1,600 in Sydney), ranging in age from infancy to 14 years. His findings, together with studies in Australian cities, indicate that "a considerable mass of minor departures from normal health (describable generally as malnutrition) exists amongst the young children in both town and country."

On the basis of the dietary study and the nutritional survey, the Council makes the following major recommendations: (1) The formation by the Commonwealth Department of Health of a division for the study of child growth with special reference to child diet; (2) the extension under medical supervision and on a widespread geographical basis of kindergartens and nursery schools; and (3) enlistment of the cooperation of State health and education departments in a scheme for general education in diet and food hygiene as an essential part of the standard curriculum for all school children.

# CHILD LABOR

## FOREIGN NOTES

*Norway ratifies minimum-age convention* Norway is the first country to ratify the draft convention raising the minimum age for employment in industry and commerce from 14 to 15 years, as adopted by the International Labor Organization in 1937. This action was taken by Norway on August 26, 1938, after legislation (see *The Child*, November 1936, p. 16) providing for a 15-year minimum age for employment had been enacted and put into operation. (*Information from the Washington office of the International Labor Office.*)

*Switzerland raises minimum age for employment* The Swiss Federal Government has passed a law which raises the minimum age for employment of children in industry and commerce from 14 to 15 years. (This law was adopted June 24, 1938, one day before the Fair Labor Standards Act of 1938 was signed by the President of the United States.) Formerly only the minimum age for employment in industrial occupations was regulated by Federal law.

The new act applies to public and private undertakings in commerce, handicrafts, and industry (including home work), to transport and communications, to the hotel industry, and to the theatrical and motion-picture industries and similar trades. The act does not apply to agriculture, forestry, domestic service, or the social services. Exemptions authorize the employment of children 13 years of age and over for running errands and for light accessory work in commerce which does not militate against the health, morals, and education of the children.

The Federal Council is called upon to issue regulations for the protection of these children, such as limitations on the hours of work. The Cantons may make the exemptions conditional on special authorization or prohibit them completely. The act further authorizes the Cantons to raise the minimum age for employment in hotels, restaurants and bars, theaters and motion pictures, itinerant trades, markets, and open-air stalls to "over 15 years." It makes no alteration in

stricter regulations issued by the Cantons to insure the health and safety of children. (*Industrial and Labor Information*, vol. 63, no. 1 (Oct. 3, 1938), pp. 18-19.)

*Uruguay Children's Council issues new regulations* Under new regulations issued by the Children's Council of Uruguay, which came into force on October 1, 1938, children of both sexes under 14 years of age and girls under 18 are prohibited from employment in street trades, unless they have first obtained a special permit in writing from the Council. Any child found working in violation of this regulation will be brought before the Children's Court. This regulation is stated to be less rigorous than the provisions of the Children's Code in regard to street trades, the enforcement of which has met with difficulty. (*Industrial and Labor Information*, vol. 63, no. 6 (Nov. 7, 1938), p. 182.)

*Young Persons (Employment) Act 1938 becomes effective in Great Britain* On January 1, 1939, the Young Persons (Employment) Act 1938 becomes effective in Great Britain. This act regulates hours of employment of young workers under 18 years of age in a range of occupations previously unregulated and amends the Shops Acts, 1912 to 1936. It does not apply to Northern Ireland.

The occupations covered in part 1 of the act include the collection or delivery of goods; messenger service in connection with specified types of establishments, including hotels, clubs, newspapers, amusement places, and public baths; operation of elevators; and operation of motion-picture apparatus. The maximum work week for minors under 18 in these occupations is set at 48 hours, and intervals for meals or rest and a weekly half-holiday in addition to Sunday are prescribed. Night work is prohibited for 11 consecutive hours, which must include the hours between 10 p.m. and 6 a.m. A limited amount of overtime is allowed for minors over 16. No overtime is allowed for children under 16 and beginning in 1940 the maximum work week for them is to be reduced to 44 hours.

Part 2 of the act, amending the Shops Acts, provides that working hours of children under 16 employed in shops shall be reduced to 44 a week in 1940, subject to averaging of hours during the Christmas fortnight. (*Industrial and Labor Information*, vol. 68, no. 6 (Nov. 7, 1938), pp. 131-132.)

**France sets up vocational-guidance system for young workers**

The establishment of vocational-guidance offices throughout France was prescribed in a decree issued May 24, 1938. By

this decree also children between 14 and 17 years

of age employed in industrial and commercial establishments, both public and private, are required to attend vocational courses for not less than 150 hours a year. Children attending other schools or employed in agriculture are exempt.

Beginning in 1941 the employment of children under 17 will be prohibited unless they have a certificate issued by the specified office of vocational guidance.

The decree is to be enforced by the factory inspectors. (*Le Bulletin Législatif Dalloz*, no. 10, 1938, p. 349.)

## NEWS NOTES

**Additional child-labor regulations issued**

The Chief of the Children's Bureau has issued Temporary Regulation No. 3-B (*Federal Register*, January 12, 1939, p. 194) extending Temporary

Regulation No. 3 as amended by No. 3-A for the period of 90 days until April 24, 1939. These temporary regulations specify the conditions under which minors between 14 and 16 years of age may be employed in occupations covered by the Fair Labor Standards Act other than in manufacturing or mining, in operating or helping on motor vehicles, or in messenger service. Such employment must be confined to periods outside school hours, must be for not more than 3 hours on a school day or 3 hours on any other day, and must conform with applicable State laws and local ordinances.

In another temporary regulation, No. 1-B (*Federal Register*, January 24, 1939, p. 402), the Chief of the Children's Bureau extended the effective period of Regulation No. 1-A for a 90-day period, from January 23 to April 24, 1939. This regulation relates to temporary certificates of age for minors employed in industries covered by the Fair Labor Standards Act.

Wyoming has been designated as an additional State in which State age, employment, or working certificates shall have the same force and effect as Federal certificates of age under the Fair Labor Standards Act of 1938. This designation was made by the Chief of the Children's Bureau, in Child-Labor Regulation No. 9, issued under authority conferred on her by the Fair Labor Standards

Act (*Federal Register*, January 20, 1939, p. 382). A total of 42 States and the District of Columbia have now received this designation, effective for a 6-month period from October 24, 1938.

\* \* \* \* \*

**National Child Labor Committee--annual report**

Child Laborers Today is the title of the annual report of the National Child Labor Committee for the year ended September 30, 1938, by Courtenay Dinwiddie (Publication No. 376, National Child Labor Committee, 419 Fourth Avenue, New York; January 1, 1939; 30 pp.).

The report states that only a fraction of the child laborers in the United States are benefited by the Fair Labor Standards Act of 1938, since "by far the greater number of working children are found in local industries which are not reached by the act, such as garages, repair shops, hotels, restaurants, and a wide variety of other service trades, plus, of course, those engaged in agriculture, whose number probably will not be substantially reduced." Field studies of migratory child labor made by the Committee in New Jersey and on the Pacific Coast are summarized briefly, and attention is called to the plight of the children in the large army of migrant families, to whom "every desirable feature of the American home" is denied.

# BOOK AND PERIODICAL NOTES

## (Child Labor)

PROHIBITION OF INDUSTRIAL HOME WORK IN SELECTED INDUSTRIES UNDER THE NATIONAL RECOVERY ADMINISTRATION, by Mary Skinner. Children's Bureau Publication No. 244. Washington, 1938. 25 pp.

This study is the second of two surveys dealing with the problem of industrial home work under the National Industrial Recovery Act, which were undertaken jointly by the Women's Bureau and the Children's Bureau of the United States Department of Labor. The earlier study (Bureau Publication No. 234) covered industries in which home work was not prohibited by the codes and was concerned with the effect of code regulations on industrial home-work standards. The present study, on the other hand, deals with conditions in industries in which home work was prohibited by the codes. In making the study, interest was centered on the way in which manufacturers had adjusted themselves to code prohibitions of home work, the extent to which home workers have been absorbed into the factories, and the effect of the prohibition of home work on the home workers and their families.

The five industries studied are the men's clothing industry, the artificial-flower and feather industry, the medium- and low-priced jewelry manufacturing industry, the men's neckwear industry, and the tag industry. More than 500 families were included in the study.

The conclusion is drawn that "the experiences of manufacturers and home workers in establishments that made a sincere effort to comply with code prohibition of industrial home work, particularly in the men's clothing industry, in which 94 percent of the home workers were taken into the factory, indicate that prohibition of home work is not impracticable from the standpoint of either the manufacturer or the home worker."

THE EFFECT OF MINIMUM-WAGE DETERMINATIONS IN SERVICE INDUSTRIES. Women's Bureau Bulletin No. 166, Washington, 1938. 44 pp.

"No other State has put a minimum-wage law into effect under such adverse business conditions as still obtained when New York passed its first wage law and its laundry order in 1933, and no

other wage order has been issued when such fundamental readjustments were being made in an industry as were going on in dry cleaning when Ohio made mandatory its order for that industry in 1935." This statement, describing the Women's Bureau report on adjustments in the dry-cleaning and power-laundry industries under minimum-wage determinations, is taken from the letter of transmittal.

Among salient findings of the study are the following: Minimum-wage orders bring about more efficient business management; minimum-wage orders in service industries raise very materially the level of rates paid to women workers; the increase in wage rates following minimum-wage orders causes material increases in total earnings of women workers; minimum-wage legislation for women, rightly framed, does not interfere with equal opportunity to work.

\* \* \* \* \*

THE CCC THROUGH THE EYES OF 272 BOYS, by Helen M. Walker. Western Reserve University Press, Cleveland, Ohio. 1938. 94 pp.

The material upon which is based this group study of the reactions of 272 Cleveland boys to their experience in the Civilian Conservation Corps was collected by 10 graduate students at the School of Applied Social Sciences, Western Reserve University, with the cooperation of many social agencies, particularly family-welfare agencies. The majority of the boys came from families known to three or four Cleveland social agencies. Most of the boys studied were discharged from camp between March 1 and October 1, 1936.

At the time of entrance to camp, a few of the boys were only 16, more than 30 were 17, and 85 were 18 years of age. Considerably more than three-fourths of the boys were under 21.

More than four-fifths of the total number of boys were unemployed at the time of entrance to camp. When interviewed, after the camp experience, slightly more than one-half had full-time jobs. It is stated, however, that the interviewing was done between December 1, 1936, and March 1, 1937, a time of rising employment.



# GENERAL CHILD WELFARE

## NEW CHILD-HEALTH AND WELFARE SERVICES IN SWEDEN

*Dental service* Provision for dental service for the general public in Sweden was made in a royal decree of June 3, 1938. Beginning January 1, 1939, the National Government is to make grants to the Provinces and to independent cities for dental service to children and adults.

For this service the country will be divided into districts in accordance with a plan to be approved by the public-health authorities. A dental clinic in charge of a qualified dentist with a dental assistant is to be established in each district. In addition, traveling dental clinics may be provided in sparsely populated districts or in districts where such clinics are needed for other reasons. Clinics will also be established in the central hospitals of the Provinces; they are intended for treating hospital patients and complicated dental cases. Dental care will also be provided to inmates of various institutions. Prophylactic care is to be included in the treatment of children.

Each dentist employed at a clinic is required to work there at least 1,900 hours a year, of which at least 1,000 hours must be devoted to children.

The parents are required to pay 5 kronor (about \$1.25) a year for dental services for the first child, 3 kronor for the second, and 2 kronor for the third. No charge is made for the treatment of additional children in the family. The charges for adults are about one-half the prices prevailing in the community. Any person, irrespective of

his economic status, is entitled to treatment. Treatment is free for persons unable to pay.

The Government is to supply one-half of the funds necessary for the establishment and equipment of the clinics, provided the plans have been approved by the public-health authorities, and about one-half of the salaries of the dentists and dental assistants. The Provinces will supply the remainder of the funds.

*Home-demonstration service* Grants for the employment of home-demonstration agents have been given by the National Government to the local agricultural authorities beginning with July 1, 1938. These agents teach home management and related subjects to housewives in rural districts, particularly those in the lower-income groups. Annual reports on the work of the agents are to be sent to the National Board of Agriculture.

*Meals for school children* Government aid in providing meals for school children in rural districts, begun in 1937, is continued in the fiscal year 1938-39; the appropriation was increased from 200,000 kronor (about \$50,000) to 300,000 kronor (about \$75,000). Government aid, in the amount of 50 to 80 percent of the cost, will be given only to school districts in rural sections in which the meals and the aid are needed because of unemployment or other conditions.

(*Svensk Författningssamling, Stockholm (official collection of laws of Sweden). Nos. 244, 353, and 400. 1938.*)

## BOOK AND PERIODICAL NOTES

### A. Safety Education

BUS OR DEATH TRAP? by James Stannard Baker. *Safety Education*, vol. 18, no. 5 (January 1939), pp. 130-132, 158.

"Today the modern schools in progressive communities have busses as safe as the school buildings. They take the same pride in them. But in the sparsely settled regions of nearly every State children are still carried to and from their lessons in death traps. In some States this is almost the rule rather than the exception."

Mr. Baker describes measures taken in Oklahoma and in Arkansas to inspect school busses and apply safety measures to them. In Oklahoma slightly more than half the vehicles were found to be satisfactory and in Arkansas, 15 to 20 percent. Elementary safety standards adopted, in addition to the legal requirements, included requirement of steel bodies; specifications for aisles, doors, seats, and windows; conspicuous signs for school busses; safe location of exhaust pipe and gasoline tank; and special equipment to be carried,

including fire extinguisher and warning flags. In Arkansas half the school bus-drivers lacked proper driving licenses; many were ignorant of road rules; and few knew much about the safe handling of pupils. A course of study for these men was worked out by the Arkansas State Police Department.

**SAFETY EDUCATION THROUGH SCHOOLS.** *Research Bulletin of the National Education Association*, vol. 16, no. 5 (November 1938), pp. 239-294.

This study is one of the safety-education projects of the Research Division of the National Education Association. It summarizes and interprets 14,524 replies from classroom teachers to a questionnaire sent out in November 1937 and covers the following subjects: Current school practices in safety education; methods of safety teaching; sources of instructional materials; necessary improvements in the teaching of safety in the schools; and problems that lie ahead. Information is also given in regard to organizations from which safety-education aids may be obtained and in regard to safety films and slides.

**THE RURAL CHILD WHO IS HARD OF HEARING**, by Laura Stovel. *Public Health Nursing*, vol. 30, no. 11 (November 1938), pp. 660-663.

The author discusses signs of ear trouble and gives the program formulated by the American Society for the Hard of Hearing for the conservation of hearing and for education of the deaf through instruction in lip reading, special classes in regular schools for children with hearing losses, special training in speech, and vocational guidance. She mentions the programs for testing the hearing of school children in various rural counties and in the States of New York, Massachusetts, and Iowa.

**COMMON CAUSES OF EYE INJURIES IN CHILDREN**, by Hamilton Row, M. D. *Journal of Indiana State Medical Association*, vol. 31, no. 10 (October 1, 1938), pp. 549-551.

The author indicates the chief sources of danger to children's eyes and suggests certain means of cooperation between parents and teachers in supervision of children's playthings and in the education of the children themselves to "harbor a

wholesome fear of such objects as weapons, fireworks, explosives, and sharp-pointed instruments."

#### B. General

**THE FIVE SISTERS**; a study of child psychology, by William E. Blatz, Ph.D. William Morrow & Co., New York. 1938. 209 pp. \$2.50.

With the Dionne quintuplets supplying material for case studies, human interest, and illustrative matter, Dr. Blatz discusses multiple births, identical twins, the care and development of prematurely born infants, the reliability of various psychological tests, habit training, the emotional and social development of young children, and many other subjects connected with the study of child psychology and the care and guidance of children.

Charts and graphs are given tracing the changes in height and weight of each quintuplet and showing their vocabulary development and ratings on psychological tests to the age of 3 years. The author points out that, "starting with the handicap of prematurity, by the end of the third year these children have reached and surpassed in weight the norm for their age, except for Marie who started with the greatest handicap and who falls short by 2 pounds. . . In height, too, the children have approximated the norm; and from the point of view of their physical development they can no longer be considered below normal."

The following quotation will serve to show how Dr. Blatz uses the case histories of the quintuplets to illumine and emphasize general principles of child psychology:

Although being born before full term does not affect the basic intelligence, there is a delay in the appearance of certain performances which, unless this fact is taken into consideration, might be construed as retardation. The delay does not simply equal the amount of prematurity but is much more than this. Roughly, a premature child does not approach the average until the fifth or sixth year. When comparing the motor development of the quintuplets with the standard norms the amount of delay was much more at the beginning of the test period than at the end of their third year. In other words, their rate of development is faster than that of the average child, although they had not yet approximated the standard for their age at 3 years.

# OF CURRENT INTEREST

## STAFF STUDIES OF ADVISORY COMMITTEE ON EDUCATION

Four of the series of 19 staff studies which are in process of publication by the Advisory Committee on Education are now available. These are No. 9, Vocational Rehabilitation of the Physically Disabled, by Lloyd E. Blauch (Washington, 1938; 101 pp.); No. 11, Library Service, by Carleton B. Joeckel (Washington, 1938, 107 pp.); No. 13, The National Youth Administration, by Palmer O. Johnson and Oswald L. Harvey (Washington, 1938: 117 pp.); No. 15, Public Education in the District of Columbia, by Lloyd E. Blauch and J. Orin Powers (Washington, 1938; 99 pp.).

The National Youth Administration gives the history of the NYA and a description of the student-aid program, the work-projects program, and the programs for vocational guidance and placement, apprentice training, and educational camps for unemployed women, which the NYA has carried on. It also contains an evaluation of the contributions of the NYA to the relief problem, educational concepts and policies, urgent problems of youth, benefits to local communities, and the Federal administrative policy.

"Without doubt the depression adversely affected the morale of youth," states the report in conclusion. "But by providing youth with an articulate agency for the expression of their needs and a focal point of direct action in meeting them the National Youth Administration has helped to restore their morale."

Vocational Rehabilitation of the Physically Handicapped reviews the history and the methods and procedures of the entire vocational-rehabilitation program, Federal and local. In discussing the rehabilitation and vocational education of young persons, it states:

Disabled persons are not eligible for rehabilitation until they have reached working age, but a large percentage of crippled children are potential cases for rehabilitation when their disabilities constitute vocational handicaps. The Office of Education states that 60 percent of the handicapped persons who are eligible for and feasible of vocational rehabilitation are young people who have had no vocational experience.

Much could be done to provide the necessary vocational education for rehabilitation clients by the establishment of appropriate short-term courses in Federally aided public vocational schools, provided the Federal legislation and policies for vocational education were liberalized to make possible the expenditure of funds for such courses.

The Federal Government and Education, a summary of findings and proposals of the Advisory Committee on Education, has also been published (Washington, 1938; 31 pp.). This presents briefly the parts of the Report of the Committee relating particularly to the situation in the schools, inequalities of educational opportunity, the national interest in education, and the proposed Federal grants for educational purposes. The Report of the Committee was published last spring (see *The Child*, February 1938, pp. 180-181).

## NEWS NOTES

*League of Nations report on placing of children issued*

A two-volume report on "The Placing of Children in Families" published by the

League of Nations (Geneva, 1938; 151, 211 pp.) has been received and will be reviewed in an early issue of *The Child*. Volume 1 deals with fundamental concepts, historical development, characteristic features in differing systems, and principles and procedures in the organization of services. Volume 2 describes the systems of placing children in families that are in use in various countries.

*Fellowships offered by New York School of Social Work in fields of group work and public welfare*

The New York School of Social Work announces that it is offering for the year 1939-40 five work-study fellowships for young workers in the fields of group work and public welfare who are in need of further training but who are unable to finance a period of study.

These fellowships cover tuition at the New York School of Social Work for 9 months or more

and carry with them the opportunity to earn maintenance in an institution in return for 15 to 20 hours of work weekly. The cooperating institutions include residence clubs, group-work agencies, and institutions for children.

Applicants must satisfy the regular admission requirements of the school. Application blanks for these fellowships and also for Commonwealth Fund fellowships may be obtained from the New York School of Social Work, 122 East Twenty-second

Street, New York, and must be returned not later than March 1, 1939.

The Commonwealth Fund fellowships for 1939-40 cover tuition in the New York School of Social Work for two or three quarters with supplementary grants determined individually on the basis of need. They are open to students who meet the admission requirements of the school and who have had at least two quarters of graduate training, preferably including some psychiatric theory.

### CONFERENCE CALENDAR

Feb. 22-25	American Council of Guidance and Personnel Associations. Annual convention, Cleveland.	Apr. 11-13	International Association of Public Employment Services. New Orleans.
Feb. 23-24	Inter-American Bibliographical and Library Association. Second convention, Washington, D. C.	May 15-19	American Medical Association. Ninetieth annual meeting, St. Louis.
Feb. 24-25	American Orthopsychiatric Association. Sixteenth annual meeting, Commodore Hotel, New York. Secretary: Dr. Norvelle C. LaMar, 149 East Seventy-third St., New York.	May 15-20	Fourth International Congress of Comparative Pathology. Rome, Italy.
Feb. 25-Mar. 2	American Association of School Administrators (Department of National Education Association). Annual convention, Cleveland.	June 18-24	National Conference of Social Work. Sixty-fifth annual session, Buffalo, N. Y. (General Secretary, Howard R. Knight, 82 North High St., Columbus, Ohio.)
Mar. 19-26	National Urban League, 1133 Broadway, New York. Seventh vocational-opportunity campaign.	June 20-22	American Public Welfare Association. Buffalo, N. Y.
Mar. 27-30	Convention of Southern District, American Association for Health, Physical Education, and Recreation. Tulsa, Okla.	July 2-6	National Education Association and affiliated organizations. San Francisco.
Apr. 3-5	American Association for Health, Physical Education, and Recreation, a National Education Association Department. Annual convention, San Francisco.	July 8-15	International Federation for Housing and Town Planning. Stockholm, Sweden.
Apr. 7-8	American Association for Social Security. New York.	Aug. 6-11	World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro. S. S. Rotterdam summer cruise sailing from New York July 5 and from New Orleans July 10, return to New York August 27. Headquarters of Association, 1201 Sixteenth St. NW., Washington, D. C.
		Sept. 11-15	American Congress on Obstetrics and Gynecology. Sponsored by American Committee on Maternal Welfare. Cleveland. (See p. 165.)

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# Child

Monthly News Summary



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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY



# THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 8

February 1939

## CONFERENCE ON CHILDREN IN A DEMOCRACY CALLED BY THE PRESIDENT

First session to meet at White House, April 26, 1939

At the request of President Franklin D. Roosevelt, letters were sent by the Secretary of Labor to some 70 persons during February inviting them to serve on a planning committee which will be responsible for organizing and directing the work of a Conference on Children in a Democracy.

The President is calling this conference, the letters state, "because of his conviction that a society founded upon democratic principles finds both its aim and its security in the happiness and well-being of its people, and especially its children, and in recognition of the primary claim of children for those essentials of life upon which their growth and development depend. The conference membership will include men and women from all parts of the country who will bring to its deliberations the fruits of experience in many walks of life."

President Roosevelt will be Honorary Chairman of the conference. The Secretary of Labor is serving as chairman and the Chief of the Children's Bureau as secretary. The following persons have consented to serve as vice chairmen: Hon. Milburn L. Wilson, Under Secretary of Agriculture; Josephine Roche, chairman, Interdepartmental Committee To Coordinate Health and Welfare Activities; Homer Folks, secretary, State Charities Aid Association, New York; Dr. Frank P. Graham, president, University of North Carolina; Dr. Henry F. Helmholtz, professor of pediatrics, University of Minnesota Graduate School of Medicine; Rt. Rev. Mgr. Robert F. Keegan, executive director, Catholic Charities of the Archdiocese of New York; and Jacob Kepcs, executive director, Jewish Children's Bureau of Chicago.

The purpose of the conference, as described in a letter from the Acting Director of the Budget transmitting a supplemental estimate of appropriation for the Children's Bureau to cover expenses of the conference, is "to canvass the conditions under which children and youth live in the United States, the extent to which their needs are met, the degree to which they are being prepared for democratic citizenship, and the ways in which they may be assured a fuller measure of security and opportunity." This letter was transmitted by the President to the Speaker of the House on January 23, 1939.

The first session of the conference will be held at the White House, April 26, 1939. At this session the general issues to be considered by the conference will be decided and provision will be made for the work of special committees. These committees, with the aid of a small research staff, will call into consultation members of the conference representing different professional and citizen interests, will review available material bearing upon the place of children and youth in our civilization, and will prepare a report and recommendations which will be presented to a final meeting of the conference, to take place early in 1940.

"It is the President's hope," concludes the Secretary's letter to members of the planning committee, "that the activities of this conference will result in practical suggestions as to ways in which we may give greater security to childhood and a larger measure of opportunity to youth, and thus strengthen the foundations of our national life."

# CHILD LABOR

## 'FAR-OFF CATTLE HAVE LONGER HORNS'

By JAMES E. SIDEL,  
NATIONAL CHILD LABOR COMMITTEE

To learn more of what is happening to the children in migrant families in the hop-growing regions of the Pacific Coast, the National Child Labor Committee during the 1938 hop season made a 5-week field survey in the Willamette Valley, Oreg., and the Yakima Valley, Wash.

Local estimates placed the number of harvest hands needed at some 25,000 in the Willamette Valley and 35,000 in the Yakima Valley. Both figures are excessive unless the extra hands needed because of the large labor turnover are included.



As the trellises are unhooked from the supporting poles in Oregon hop fields, the crews pick as fast as possible before hops dry out. Experienced pickers work from the ends of the vine toward the main stem, cutting it last so hops remain moist and weigh more.

Because they are dependent upon rubber tires, families migrating in automobiles are classed as "rubber tramps" in contrast to the single men, "fruit tramps," who ride freight trains, "hitch-hike," or walk. So long as they keep moving from crop to crop, the migrants are tolerated; if they stay too long after the harvest, go on relief, or compete with local job seekers they are called "bums," "undesirables," "okies," and a host of other uncomplimentary names. Restlessly moving thousands of miles up and down the coast or into the Mountain States for the pea or sugar-beet harvests, they search for means of livelihood and for ultimate economic security. However, primary to that search is what the cattle ranchers describe

in the phrase, "far-off cattle have longer horns"; rumors of jobs, of homesteading land, or of cheap "stump ranches" keep them going. To them no situation can possibly be so bad as their present one. So they hear of a job in connection with another crop--and are gone.



A large family that had no tents contrived these tents from old hop sacks given them by the grower and from packing cases and old lumber.

Traveling in old cars known as "jalopies," the migrant families can make camp quickly in shacks or tents provided by growers or in their own tents or lean-to canvas shelters, and are ready to start work. Unfortunately most of them arrive early in order to get jobs and have to wait days before the crop is ready to pick.

Brothers and sisters often pick together for company, and children of different families were found using the same basket and sharing their earnings. Note glove worn by girl as protection against sharp points on backs of hop leaves and as possible protection against skin irritation.



Since hop picking is an unskilled job, it is not unusual to find grandparents and grandchildren working side by side in the fields. Practically everyone down to the 6- or 7-year-old child picks some hops. Fields in which 20 to 25 percent of



the pickers are children under 16 years of age are not unusual. In the 30 hop yards visited in both valleys none was found in which children were reported never to pick in the fields.

Of 554 persons in 99 families interviewed, 302 were children under 16 years of age. Of these 302 children, 206 (68 percent) were seen at work or were reported by their parents as picking on either a full-time or a part-time basis. They worked with varying degrees of intensity and regularity. The 12-year-old boy or girl was a rarity who did not pick in a day at least one and often two baskets, each containing 40 to 50 pounds of hops. A picking day usually starts between 5 and 7 a.m. while hops are heavy with dew and runs until 4 to 6 p.m. unless the hop-drying kiln is filled earlier. Few days in the fields last less than 10 hours; 12 hours is common in most districts, with some pickers working as long as 14 hours. If a child who has been in the fields at least 8 hours with brief play or rest periods and a lunch period slightly longer than the 30-45 minutes taken by adults is counted as a full-time worker, 142 of the 206 working children (69 percent) worked full time; many of them kept pace with adults for a full 12 hours.



Serious faces of children like this 7-year-old girl indicate the mature attitude that prompts many children to pick hops steadily from 7 a.m. or earlier until fatigue finally stops them.

Since hop pickers are paid on a piece-rate basis, the pace of the workers varies with the weather, their health, responsibilities to their families, quality of the crop, and often with the inducement of higher wage rates. Growers seem to prefer family groups to single men. Single men may move out of a camp on short notice. Families with four or more pickers working steadily for a full harvest of 2 to 3 weeks are greatly desired by growers. However, since the 1938 surplus of workers in the territory was large, growers set the piece rate for hops so low that even family earnings were small. With the rate dropping from

an average of 2 cents per pound, in 1937, to 1½ cents per pound, earnings of experienced pickers were substantially less in 1938.

Not all children pick hops with their parents. This boy is a regular picker on a full-time basis. He uses his own basket, gets his hops weighed, and considers himself a real hop picker. He may pick two or even three baskets of hops a day, weighing a total of 80-120 pounds. For these he receives 1½ cents a pound.



Workers complained that growers used too many pickers per acre and thus reduced their earnings. In Yakima, where hops are irrigated, a general protest arose that growers shut off irrigation early and thus dried the hops to some extent on the vines. The weight per basket in Washington was less than in Oregon and earnings were lower. Through the new hop-production-control system, it was said, growers left from 10 to 20 percent of their crop on the vines, thus further restricting earnings.

Some years ago regular pickers considered hops a "money" crop, but in 1938 there was agreement that it had become another "filler" crop. This meant that their earnings provided little or no reserve to tide the workers over the winter or until pickings began in the next crop. Families whose earnings did not enable them to keep going were forced to seek relief, or a "grub stake" from neighbors, or an advance from their next employer.

Reliable estimates of the total yearly incomes of migrant families are scarce. Few families keep written records of their earnings. Investigators have found that the average most frequently is between \$300 and \$600 a year and seldom is as high as any minimum subsistence level.

Of 56 families that reported earnings, the average daily earnings per family were \$5.11. In these 56 families were 226 persons. The average amount of daily earnings, therefore, was \$1.28 per person. This amount cannot be compared with earnings of "hired hands" residing on farms elsewhere. Income for the migrant must cover heavy expenses not met by other agricultural groups. The "rubber tramp" must buy and maintain a car or truck and perhaps a trailer, often with car licenses for several States. His family's clothes wear out quickly on the road, and so does camping equipment. The migrant pays for the gasoline to drive his car into territory that may yield no job or only short jobs, and he must feed hungry mouths during waits between harvests. He must buy his food, prices on which are frequently raised especially for the harvest season. Sometimes he must pay camp or cabin rental.

Children picking hops often work with a fervor born of necessity. Many of these children have gone without meals and even while harvesting are "nourished" on a breakfast of fried potatoes, coffee, and bread. Such children seldom pick "for the fun of it." For 59 children under 16 years working full time whose earnings were reported, the average daily earnings were \$1.09. Young couples without children able to pick envy parents with large families.



The only family found that had an ice box in camp. This mother wanted fresh milk for the children and some meat and vegetables that could be kept on ice. As the father had a job at the hop dryer this family of four made out quite well with \$3.50 to \$4 a day.

The same situation was found among workers in cotton, walnuts, prunes, and, to a lesser extent, in many fruit crops. These substantial earnings by children are a factor to be considered in any plan to end the evils of child labor and child exploitation among migrant families. If children are removed from employment, simultaneous means must be taken to increase the family income in

other ways. Many families now find it necessary to obtain relief for 2 to 5 months of the year, and relief needs increase as the number of migrant families increases and their income falls.

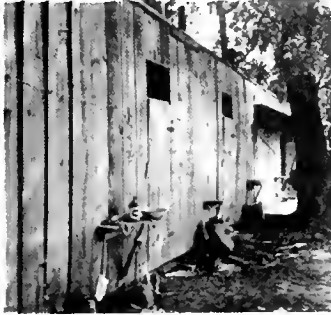
In the Yakima Valley schools opened between August 29 and September 12, 1938, most of them before hops were half harvested. In the Willamette Valley schools opened between September 6 and September 19, the latest openings coming near the close of the hop season. Few children in the hop camps attended school during harvest. After



Children sleeping in fields are a common sight. This boy, 10 years of age, had missed so much school that he was in the third grade. He was allowed to start going to school in the afternoons upon his promise to pick hops all morning. After picking 42 pounds in the morning and going to school, he came back to continue picking, but after a little while simply had to take a nap.

the harvest few stayed in the same district long enough to attend. They hoped to start school while "in the apples." In frankness many parents admitted that only the threat of a penalty for keeping children out would make them send their children to school during prune, potato, apple, or cotton harvests. "No money for school clothes," "too far to go and no bus," and "need them to help" were frequent reasons given. The practice of running cotton-camp schools half time and allowing children to work the rest of the day permitted many children to attend school during that harvest. Even in cotton-camp schools attendance for some children whose parents needed the money was not pressed for a week or more after the picking season arrived.

Most growers have their own camps or camp sites. In Oregon, where hops have been grown for a longer period of time than in other areas, a majority of growers provided at least some of their pickers with shacks or with rows of closely built, single-room cabins. Most shacks measured about 10 by 14 feet, although some were as small as 9 by 12 feet. Perhaps half of these cabins had one window and one door; some had two windows; a few had only a hole above the door and no window. Practically



A common type of "hop" cabin, with hole cut above door for ventilation and light. Some have an additional window.

all were built of rough lumber with knotholes and cracks between boards. Most growers in both areas furnished straw for beds; many beds were made on the bare ground because of absence of flooring.

Growers who did not provide shacks usually lent tents. Last year tents gave out and latecomers without tents of their own were given



Some growers provide no tents and no cabins. This family, having no tent, camped out on the bank of the river using whatever old mattresses and bedding they had. The baby had a bad case of impetigo.

chicken coops, barns, potato cellars, and old dryers as camp sites, or were allowed to use old burlap sacking to make a lean-to against the family jalopy.

Water was provided at pumps or faucets. In parts of the Yakima area, where land is leased from Indians, shallow wells provided alkaline water that caused considerable illness and many complaints. Drainage around water facilities was

almost always poor. Methods of garbage disposal varied widely; sometimes cans were emptied frequently and occasionally were treated with lime, but more often they were unemptied for days at a

Two little boys left alone in camp found a tin of canned meat that had stood on the table all day in the sun. A neighbor stopped them just as they decided to eat the meat.



time. Odors were offensive, especially when garbage was dumped into pits. Shower baths were found in only three instances, and pickers camping near rivers considered themselves lucky. Toilets in a majority of cases were not fly-proofed and frequently were too shallow in depth and inadequate in number. Field toilet facilities were even less satisfactory.

Cooking facilities consisted usually of a wood-burning stove of sheet metal or an improvised hole in the ground. Wood was usually provided by growers. Some Yakima growers gave potatoes free for the digging.

Of the 30 camps visited, only one reached a housing standard of which the grower might be proud. Favorable reports of pickers indicated that a half dozen other large-scale growers possibly approached this model.

At 5 months of age this baby of a migrant family weighed 5 pounds and 10 ounces.



Health problems of these migrants are serious. In California the Agricultural Workers Health and

Medical Association is expanding its facilities but is still unable to care adequately for the health of migrants who have been in the State less than 1 year. Among families who have been migrant from 1 to 3 years, cases of malnutrition and dysentery, combined with the ever-present threat of typhoid, smallpox, and malarial epidemics, in the hop fields as elsewhere, present a continual threat to community health. Not all communities are yet aware of this hazard.

Even more serious is the broken morale and disintegration evident in families that have followed the crops for periods of 2 to 5 years. After a long "trek," only the exceptional family can maintain the air of self-respect and hope found in

families newly arrived from the "dust bowl." The migrant families already number hundreds of thousands and in a few years under present conditions are likely to increase to a million or more. Since the majority of "rubber tramps," especially those from the "dust bowl" of the Middle West, have been land owners, tenants, sharecroppers, steady laborers, small business men, mechanics, service-trades workers, lumbermen, miners, and able individuals of similar types and good background, their deterioration constitutes a national tragedy. The problems of the education, health, and community attitudes of their children demand quick solution, if widespread social disintegration is not to be the result.



### CHILDREN'S BUREAU HEARING ON EMPLOYMENT OF MINORS

A hearing was held at the United States Children's Bureau, February 15, 1939, on the proposed regulation relating to the employment of minors between 14 and 16 years of age under section 3-1 of the Fair Labor Standards Act of 1938.

The proposed regulation would apply to all occupations other than (a) manufacturing or mining occupations; (b) the operation of motor vehicles, service as helpers on such vehicles; (c) messenger service. In all occupations covered it would allow the employment of minors between 14 and 16 years during limited periods outside school hours if such employment is in accordance with State laws and regulations and local ordinances and if

the employer has on file an unexpired age certificate showing that the minor is 14 years of age or over.

The hearing was attended by representatives of organized labor, newspaper publishers' associations, school principals and teachers, citizens' associations (including the Congress of Parents and Teachers of the District of Columbia, the National Child Labor Committee, and the National Education Association) and by other members of the public, including physicians and parents.

A 5-week period was allowed, following the hearing, for the submission of briefs and data bearing on the proposed regulation.

## NEWS NOTES

**California authorizes cooperation with Labor Department**

An act approved by the Governor of California on February 3, 1939 (Chapter 44, Laws 1939) authorizes the Department of Industrial Relations of the State of California to assist and cooperate in the enforcement of the Fair Labor Standards Act of 1938. Cooperation with the Wage and Hour Division and with the Children's Bureau of the United States Department of Labor is specifically directed, and the State department is authorized to expend money, to be reimbursed by the Federal agencies, for the "reasonable cost of such assistance and cooperation."

This act was passed as an urgency measure on the ground that "the Fair Labor Standards Act of 1938 is now in operation and requires the cooperative effort of the Department of Industrial Relations." It is the first State measure to be enacted authorizing State cooperation with the Federal Government under the Fair Labor Standards Act.

**Advisory Committee on Occupations Hazardous for Minors appointed**

The Secretary of Labor in February appointed an Advisory Committee on Occupations Hazardous for Minors

to advise and guide the Children's Bureau in carrying out the provisions of the Fair Labor Standards Act in regard to determination of occupations particularly hazardous for minors 16 and 17 years of age.

The members of the committee are:

Cyril Ainsworth, assistant secretary, American Standards Association, New York.

Grace Abbott, professor of public-welfare administration, University of Chicago, Chicago.

Courtenay Dinwiddie, general secretary, National Child Labor Committee, New York.

Albert W. Whitney, consulting director, National Conservation Bureau, New York.

C. E. Pettibone, vice president, American Mutual Liability Insurance Company, Boston.

R. McA. Keown, engineer, Safety and Sanitation Department, Wisconsin Industrial Commission, Madison.

Leonard Greenburg, M. D., executive director, Division of Industrial Hygiene, State Department of Labor, New York.

Alice Hamilton, M. D., Hadlyme, Conn.

S. Z. Levine, M. D., Children's Clinic, New York Hospital, New York.

D. D. Fennell, president, National Safety Council, Chicago.

Albert S. Regula, Industrial Relations Counselors, Inc., Rockefeller Center, New York.

Robert Watt, American Federation of Labor, Washington, D. C.

Lee Pressman, general counsel, Congress of Industrial Organizations, Washington, D. C.

The following persons were appointed as Government advisers:

R. R. Sayers, M. D., senior surgeon, U. S. Public Health Service.

Verne Zimmer, Director, Division of Labor Standards, U. S. Department of Labor.

Max Kossoris, statistician, Industrial Injury and Workmen's Compensation Statistics, Bureau of Labor Statistics, U. S. Department of Labor.

**National Child Labor Committee offers new lantern-slide lecture**

Child Labor in America Today is the title of a lantern-slide lecture prepared by the National Child Labor Committee (419 Fourth Avenue, New York) for use in churches, women's clubs, and high-school or college classes.

Illustrated by 56 slides, the lecture shows the types of child labor that have been eliminated under the Federal Fair Labor Standards Act of 1938 and describes present-day child-labor conditions. Text and slides will be lent for \$2 and return postage. (Bureau correspondence.)

## BOOK AND PERIODICAL NOTES

CHILDREN ENGAGED IN STREET TRADES, DETROIT, MICH.  
U. S. Children's Bureau, Washington, 1938. 38  
pp. Mimeographed.

This study was made by the Children's Bureau at the request of the Detroit Street Trades Committee to provide a factual basis for evaluating the Detroit street-trades ordinance of 1935 and for formulating measures to strengthen its enforcement. As previous studies of children engaged in street trades in Detroit had been made by the National Child Labor Committee in 1930 and by the United States Children's Bureau in 1934, it is possible to compare conditions before and after the ordinance was enacted. The 515 children included in the present study were engaged in street trades in the spring of 1938 and were enrolled in 8 Detroit schools.

The most effectively enforced provisions of the ordinance were found to be the 18-year age minimum for girls; the school-attendance provision; and the prohibition of early morning work for boys under 18. Only one girl, who was selling articles from house to house for prizes, was encountered working in the street during the study. In school attendance the children engaged in street trades, 3 percent of whom were truants, compared favorably with the total school population; but the percentage of street traders who were doing well in school and receiving good marks was small (7 percent). Older boys and men distributed the morning papers as a rule, and violation of the ordinance provision in respect to early hours of work was not common.

The age provisions of the ordinance with respect to boys were being violated frequently. Almost one-fifth of the boys included in the study were under 12 years of age, the minimum fixed by the ordinance. Nevertheless, comparison with the earlier studies shows that considerable progress had been made in eliminating street work by young children.

Violations of the provision prohibiting boys under 17 from working after 8 p.m. were frequent.

Sixteen children 14 years of age and over reported that they worked later than 10:30 p.m. either on school days or on Saturday or Sunday, and 84 children 12 and 13 years of age made a practice of working later than 8:30 p.m.

The need for physical examination of children as a prerequisite to street work was demonstrated by the findings of this study. Ten of the children were enrolled in open-air classes maintained by the public schools. Two of these children had serious heart ailments; three had tuberculosis; and five were suffering from severe malnutrition. Ten other children included in the study were reported to be in poor physical condition; one was epileptic; one had a serious heart ailment; eight were suffering from anemia.

A STUDY IN THE INDUSTRIAL CAREER OF SECONDARY SCHOOL BOYS, by Gertrude Williams. *Sociological Review* (London), vol. 30, no. 4 (October 1938), pp. 400-413.

The employment records of boys who left a certain secondary school in England during the period 1931-36 were obtained and compared by the author with information contained in studies recently made by Jewkes and Winterbottom of children leaving elementary school for employment at the age of 14 years.

The author draws the tentative conclusions that boys who have had the advantage of a secondary-school education usually change their jobs less frequently than do children leaving school at 14; that they choose their work with more consideration of the prospect for advancement and of congenial employment; and that their work is generally progressive in nature and offers better pay and more security for the future, although their starting wages are low.

A large percentage of the secondary-school boys had continued their education through evening courses and correspondence courses, showing that they realize the importance of specific training.



# THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

## THE INTERDEPARTMENTAL COMMITTEE AND THE NATIONAL HEALTH

*The President's message to Congress*      On January 23, 1939, President Roosevelt transmitted to Congress the report and recommendations on national health of the Interdepartmental Committee To Coordinate Health and Welfare Activities.

The President's message to Congress follows:  
TO THE CONGRESS OF THE UNITED STATES:

In my annual message to the Congress I referred to problems of health security. I take occasion now to bring this subject specifically to your attention in transmitting the report and recommendations on national health prepared by the Interdepartmental Committee To Coordinate Health and Welfare Activities.

The health of the people is a public concern; ill health is a major cause of suffering, economic loss, and dependency; good health is essential to the security and progress of the Nation.

Health needs were studied by the Committee on Economic Security which I appointed in 1934, and certain basic steps were taken by the Congress in the Social Security Act. It was recognized at that time that a comprehensive health program was required as an essential link in our national defenses against individual and social insecurity. Further study, however, seemed necessary at that time to determine ways and means of providing this protection most effectively.

In August 1935, after the passage of the Social Security Act, I appointed the Interdepartmental Committee To Coordinate Health and Welfare Activities. Early in 1938 this committee forwarded to me reports prepared by their technical experts. They had reviewed unmet health needs, pointing to the desirability of a national health program, and they submitted the outlines of such a program. These reports were impressive. I therefore suggested that a conference be held to bring the findings before representatives of the general public and of the medical, public-health, and allied professions.

More than 200 men and women, representing many walks of life and many parts of our country, came together in Washington last July to consider the technical committee's findings and recommendations and to offer further proposals. There was agreement on two basic points: The existence of serious unmet needs for medical service; and our failure to make full application of the growing powers of medical science to prevent or control disease and disability.

I have been concerned by the evidence of inequalities that exist among the States as to personnel and facilities for health services. There are equally serious inequalities of resources, medical facilities, and services in different sections and among different economic groups. These inequalities create handicaps for the parts of our country and the groups of our people which most sorely need the benefits of modern medical science.

The objective of a national health program is to make available in all parts of our country and for all groups of our people the scientific knowledge and skill at our command to prevent and care for sickness and disability; to safeguard mothers, infants, and children; and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled.

The committee does not propose a great expansion of Federal health services. It recommends that plans be worked out and administered by States and localities with the assistance of Federal grants-in-aid. The aim is a flexible program. The committee points out that while the eventual costs of the proposed program would be considerable, they represent a sound investment which can be expected to wipe out, in the long run, certain costs now borne in the form of relief.

We have reason to derive great satisfaction from the increase in the average length of life in our country and from the improvement in the average levels of health and well-being. Yet these improvements in the averages are cold comfort to the millions of our people whose security in health and survival is still as limited as was that of the Nation as a whole fifty years ago.

The average level of health or the average cost of sickness has little meaning for those who now must meet personal catastrophes. To know that a stream is 4 feet deep on the average is of little help to those who drown in the places where it is 10 feet deep. The recommendations of the committee offer a program to bridge that stream by reducing the risks of needless suffering and death, and of costs and dependency, that now overwhelm millions of individual families and sap the resources of the Nation.

I recommend the report of the Interdepartmental Committee for careful study by the Congress. The essence of the program recommended by the committee is Federal-State cooperation. Federal legislation necessarily precedes, for it indicates the assistance which may be made available to the States in a cooperative program for the Nation's health.

*Publications of  
the Interdepart-  
mental Committee*

The report and recommendations of the Technical Committee on Medical Care of the Interdepartmental Committee To Coordinate Health and Welfare Activities are contained on pages 29-61 of the Proceedings of the National Health Conference, July 18, 19, 20, 1933 (Washington, 1933; 163 pp.; price, 35 cents).

The proceedings contain an introductory statement giving the background of the National Health Conference and the set-up and functions of the Technical Committee on Medical Care, which prepared the recommendations on the national health; the papers presented at the conference; and the general discussion at the conference. The five recommendations are for (1) expansion of public-health and maternal and child-health services; (2) expansion of hospital facilities; (3) medical care for the medically needy; (4) a general program of medical care; (5) insurance against loss of wages during sickness.

Two other publications of the Interdepartmental Committee are now available: *The Nation's Health* (Washington, 1939; 116 pp.; price, 20 cents) and *Toward Better National Health* (Washington, 1939; 30 pp.).

*The Nation's Health* tells why the National Health Conference was called and what is proposed for a national health program. Summaries are given of the five recommendations of the Technical Committee on Medical Care. A final chapter, *How the Members of the Conference Responded*, gives excerpts from the general discussion with connective comment.

*Toward Better National Health* is an illustrated pamphlet prepared by the Interdepartmental Committee To Coordinate Health and Welfare Activities to meet requests for a brief summary of the report of the Technical Committee on Medical Care and of the discussion at the National Health Conference. A limited number of copies are available from the Interdepartmental Committee on request.

## LIBERALIZATION OF AID TO DEPENDENT CHILDREN RECOMMENDED

On January 16, 1939, President Roosevelt transmitted to Congress the report of the Social Security Board on proposed changes in the Social Security Act (76th Cong., 1st sess., H. Doc. 110). In his message to Congress, the President called attention to the desirability of affording greater protection to dependent children, as follows:

The report suggests a twofold approach which I believe to be sound. One way is to extend our Federal old-age-insurance system so as to provide regular monthly benefits not only to the aged but also to the dependent children of workers dying before reaching retirement age. The other way is to liberalize the Federal grants-in-aid to the States to help finance assistance to dependent children.

In regard to liberalizing the provisions for aid to dependent children the report of the Board recommends that grants-in-aid to the States be placed on the 50-percent matching basis already in effect for the aid to blind and old-age assistance. At present the Federal Government contributes only one-third of the cost of the payments made by the States to dependent children, and fewer States

are participating in this program. The maximum amounts which may be taken into consideration in making Federal grants for aid to dependent children are \$18 a month for the first child and \$12 for each additional child in the family. The Board recommends that these maximum limitations be raised to the same maximum as that provided in the case of the needy aged and needy blind--\$30 a month. The Board also recommends that the age limit for dependent children should be raised in the Federal law from 16 to 18 when the child is regularly attending school, thus recognizing the present desirable tendency for children to finish high school before seeking permanent employment.

Other recommendations contained in the report relate to the provisions of the Social Security Act dealing with old-age insurance, unemployment compensation, public assistance for the needy blind and needy aged, and health.

Hearings on the recommendations began the first of February before the Committee on Ways and Means of the House of Representatives, to which the report was referred.



## POSTGRADUATE COURSES FOR NEGRO PHYSICIANS IN MISSISSIPPI

BY WALTER H. MADDUX, M. D., PEDIATRICIAN,  
MATERNAL AND CHILD HEALTH DIVISION, U. S. CHILDREN'S BUREAU

Ed. Note.--The program of maternal and child-health services developed by the United States Children's Bureau in cooperation with State departments of health under the Social Security Act includes provision for postgraduate courses in maternal and child health for practicing physicians. As part of this program, a member of the staff of medical consultants of the Children's Bureau, who is a Negro physician and pediatrician, has given postgraduate lectures for Negro physicians in Mississippi, Alabama, and Georgia.

The following paper is taken from the report of the medical consultant on the postgraduate courses given in Mississippi under the auspices of the Health Department of the State of Mississippi in cooperation with the Mississippi Surgical and Medical Association.

In planning for the introduction of postgraduate courses for Negro physicians in Mississippi, the approach was directed to problems of maternal and child care. Since no other lecturer or clinician had been engaged for the Negro physicians, it was thought advantageous to include related subjects in general health, especially periodic health examinations, immunizations, tuberculosis, malaria, and the diagnosis and adequate treatment of venereal diseases.

In order to reach all Negro physicians, the State was divided into nine districts, and a central meeting place in each was designated. The plan was that 2 weeks would be spent in each district and during this period 10 lectures would complete the course; in addition, there would be conferences, clinic visits with the doctors, and other medical activity at their request.

The physicians in each of the nine districts elected to have the lectures at night. Usually successive meetings were held in different places in order that travel might be evenly distributed. In northeast Mississippi the doctors traveled from 40 to 100 miles nightly. Distance rarely was a

barrier to regular attendance. The meetings frequently were attended by dentists, pharmacists, and nurses.

Fifty-five of the 58 Negro physicians of Mississippi were reached by the postgraduate course in maternal and child care. With few exceptions these physicians are under 45 years of age. They are alert, interested, eager, and aware of health conditions among Negroes within their respective areas. Their medical effectiveness has a creditable relationship to their opportunities and economic competence. The majority of them are graduates of Meharry Medical College. Except for the occasional and extraordinary privilege of listening to a local medical lecture, no opportunity for medical advancement previously had been afforded them within the State.

One of the Jackson district conferences was held at Yazoo City, where two Negro physicians operate a hospital of 65-bed capacity for the Afro Association of Mississippi, the members of which pay \$1 a year for any medical and surgical service, including hospitalization. The two staff physicians have completed 28 and 43 years of practice, respectively. Both these men conduct private practice in addition. A large part of their service in the hospital is surgical. In a single recent calendar year more than 600 operations were performed. Much good work is done in this hospital notwithstanding the difficulties under which it operates.

This hospital is near the geographic center of the State and there are many factors which make it suitable as a place for postgraduate medical training for Negro doctors. At present, however, there is little doubt that the services of itinerant postgraduate lecturers and consultants along the plan of the postgraduate lectures in maternal and child care will be accorded better support, because physicians can attend them without long

absence from practice and without the expense of travel. One-fifth or less of the Negro cases receiving medical care in the State at large are cared for by the Negro physicians. Where contract practice is employed by planters having large groups of Negro workers, Negro physicians usually have no participation. Competition with midwives, inaccessibility, and uncertainty of pay have made the practice of obstetrics unattractive to most Negro physicians in the State. Everywhere, for very practical reasons, their major interest is in general medical practice.

The medical conditions affecting babies and children are little understood. Breast feeding of infants is nearly universal. Artificial-feeding instructions, when imperative, are limited to: "Give 'em a little weak milk, or mix a cup of milk and a cup of water and add sufficient sugar for a little sweetness."

These circumstances made the instructions concerning child care highly regarded. All the physicians were interested and eager to adopt suggestions concerning their opportunities to help educate their patients in health matters and concerning improvement of their practice, including immunization of children and periodic health examinations.

The Negro physician, working as he does, with persons who disregard or know little of the importance of cleanliness for health, whose poor diet is inflexible, who incautiously visit the sick, and who in many instances consider an obscure illness an evil visitation, finds that health improvement is a big undertaking.

One white physician gives his Negro patients such explanations of their illnesses as: "Liver upside down," "lapping of the lungs," and "neuralgia of the lung." Coming as they do, these statements may be controverted with difficulty by the Negro physician who subsequently treats the patient.

Then there is the Negro physician who explains that during 15 years of practice, he has delivered all his obstetric cases with the patient in the squatting position at the side of the bed. He claims the immediate disappearance of impending toxic symptoms when this position is assumed and the reduction of lacerations to a negligible frequency.

Great good may be accomplished among Negroes in the densely populated areas by the employment of understanding, well-trained nurses. Only a few Negro nurses are employed in the State. The two Negro nurses employed by the bureau of nursing and hygiene to work with the 3,000 Negro midwives of the State are accomplishing good results despite tremendous difficulties.

The potential value of the nursing approach for improved maternal and child care and health education among Negroes in this area is not to be discounted because of these difficulties. In the intimacy of nursing care and the availability of medical advisers great promise resides. Small, strategically located health centers developed along this general plan appear most worthy objectives.

At the conclusion of the maternal and child-health conferences with the Negro physicians of Mississippi, the consultant was assigned to the State bureau of nursing for the purpose of giving physical examinations to the Negro midwives and contributing to their instruction. In this program 21 counties of Mississippi were visited.

During the course of 26 visits, 724 midwives were examined, ranging in age from 24 to 90 years. They were almost totally unfamiliar with a physical examination that included more than looking at the tongue and counting the pulse. Many of them never had been examined at all.

Few of them were found without obvious defects; in many individuals these were spectacular in their seriousness. In the order of frequency were found high blood pressure, defective vision, extreme dental neglect, various uncorrected surgical conditions, heart defects, skin disease, and varicose veins. One presented physical signs indicative of pulmonary tuberculosis; another, paralysis agitans.

The purpose of the State nursing bureau's program was to ascertain the physical condition of the Negro midwives. There was not a midwife who demurred; rather this manifestation of interest inspired them to expressions of thanks that humiliated us. They are a sincere, unlettered, but discerning group who perform a service, under limitations and not without reprehensible faults, which will rarely be matched for humanity, unselfishness, and loyalty.

## CHILDREN WHO KEEP "MOVING ON"

The acute need for child-welfare services in some localities is shown by the following summary of a report from a southeastern State:

The child-welfare worker in one county reports that among her most serious problems are the cases of children who wander from place to place and for whom no one, least of all their mothers and fathers, has any sense of responsibility. These children either have been abandoned by their parents or have been given away by them through oral or written agreement. If the arrangements prove unsatisfactory, as they frequently do, the children set out to place themselves. The worker is gravely concerned over what is happening to more than 20 children known to her who are in situations where definite harm is being done them, and for whom the finding of more suitable homes is difficult. Funds for their care elsewhere are not available, but the worker is expected by the community to "do something about it."

There are, for example, Mary Ann, 12, and Lottie May, 8, who are supporting themselves. Both their parents have disappeared. Mary Ann is nursemaid to a child born out of wedlock in the farm family where she is located, and she does the milking for her "keep." Lottie May is temporarily nursing a woman recently returned from the hospital, who is unable to employ an adult to give her the convalescent care she needs. The more well-

to-do relatives disapprove of Lottie May's arrangements but insist that they themselves cannot provide for her even temporarily.

Another problem group described by the worker is the Rider family. After the death of the father and the remarriage of the mother the children were variously disposed of by their mother. Two were legally adopted. James, the youngest, went to his grandparents, who neither want him nor are able to make a decent home for him. However, they are philosophical over having to keep him for a time, for they believe that he will soon "move on." It is, in their opinion, the natural thing for children to run away, and they fully expect James, although he is only 5 years of age, to do so before he is much older. Tom, now 8, was shifted frequently but has arrived at an aunt's home in another county and is apparently fairly well off. The child-welfare worker's chief concern is for Helen, the 12-year-old daughter, who has completely disappeared. None of her relatives are worried about this and say she is "somewhere" in an adjoining county, and that they see no reason why they or the worker should try to find her.

In spite of the difficulties in providing for children in these circumstances, the worker has plans for the admission of a few of them into children's institutions, and she has already persuaded relatives to give temporary care to some others pending the making of more permanent plans.

## BOOK AND PERIODICAL NOTES

THIRD ANNUAL REPORT OF THE SOCIAL SECURITY BOARD, 1938. Social Security Board, Washington, 1938. 251 pp.

The Third Annual Report of the Social Security Board, released in January 1939, summarizes the third year of operation of the Social Security Act, and contains supplementary data for the period July-October 1938.

Chapter VI, Welfare and Health Services, includes a brief review of the maternal and child-welfare services administered by the Children's Bureau (pp. 124-130).

TABULAR SUMMARY OF STATISTICS OF PUBLIC ASSISTANCE UNDER THE SOCIAL SECURITY ACT FOR THE CALENDAR YEAR 1937. Social Security Board, Bureau of Research and Statistics Report No. 1, Washington, 1938. 52 pp.

Revised statistics, corrected to January 25, 1938, for payments for old-age assistance, aid to dependent children, and aid to the blind, are contained in this report. Tables 5 to 8 are con-

cerned exclusively with aid to dependent children and give figures in regard to the number of recipients by family and by children in States with plans approved by the Social Security Board; obligations incurred to recipients; and average payment per family.

ACCOMPLISHMENTS IN MATERNAL AND CHILD-HEALTH AND CRIPPLED-CHILDREN SERVICES UNDER THE SOCIAL SECURITY ACT, by Martha M. Elliot, M. D., Jessie M. Bierman, M. D., and A. L. Van Horn, M. D. Reprinted from *Journal of Pediatrics*, vol. 13, no. 5 (November 1938), pp. 678-691. Single copies of reprints available from the Children's Bureau while the supply lasts.

This paper presents a review of accomplishments in maternal and child-health and crippled children's services under the Social Security Act and includes a description of administrative procedures, a brief presentation of the programs now being carried out by the States, the qualifications and training of personnel, and methods of cooperation with professional and lay groups.

# MATERNAL, INFANT, AND CHILD HEALTH

## NEWS AND READING NOTES

### *Twentieth annual report of Commonwealth Fund*

Both the total appropriations and the percentage set apart for health purposes in 1938 were the largest in the history of the fund, states the Annual Report of the Commonwealth Fund, 1938 (41 East Fifty-seventh St., New York, January 1939, 86 pp.).

In order to encourage "three-dimensional growth in rural health service," the Commonwealth Fund has been in partnership with the State departments of health in five States during the past year:

In Oklahoma organized public-health service is still something of a novelty; the fund's aid is directed toward a demonstration by precept and example of what adequate county health work is. In Alabama every county is organized, but local service is at a minimum level of intensity; the fund is cooperating in a regional experiment to raise this level. In Mississippi and Tennessee, where local service is firmly established and on the whole of good quality, services which helped to bring about this condition are being maintained. In certain counties of these two States and in a district in Massachusetts where routine services have reached a high level, the fund is financing experimental approaches to problems of particular difficulty.

Several experiments are described that are being carried on under the Commonwealth Fund in the "cross-fertilization of psychiatry and pediatrics."

At the Babies Hospital in New York the fund is aiding a pediatric training unit staffed by a pediatrician with psychiatric training and a psychiatric social worker. In the children's clinic of the New York Hospital a psychiatric outpost is maintained for similar purposes. At the Children's Hospital in Boston the fund subsidizes a ward set aside for the study and treatment of children in whom pediatric problems are complicated by psychological difficulties, or whose physical disabilities involve emotional and educational adjustments. . . . The University of Minnesota, with fund assistance, has organized a teaching unit, staffed by psychiatrists but operating in the department of pediatrics, to serve the dual purpose of adding psychiatric content to pediatrics and demonstrating to psychiatrists in training the technique appropriate to work with children.

### *Symposium on mental health summarized by A.A.A.S.*

The summary and conclusions of the symposium on mental health, Section on Medical Sciences, American Association for the Advancement of Science, Richmond, Va., December 28-30, 1938, have been issued as a 16-page leaflet entitled "The Gist of It."

In Economic Aspects of Mental Health (Session III), summarized by Joseph Zubin, it is stated that States and municipalities must be encouraged to develop their resources, not only to extend facilities for institutional care but to experiment with the extension of family-care services for the mentally ill. Federal aid, it is stated, should be invoked to the extent that it is necessary and temporarily expedient, "particularly with reference to the need for investigation, experiment, and demonstration, and to fortify and support State and local efforts."

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### *National Health Survey issues hearing-study series*

A series of bulletins issued by the National Health Survey conducted by the United States Public Health Service present data obtained from a clinical investigation of hearing. Approximately 9,000 persons ranging in age from 8 to 90 years served as subjects during the clinical study of hearing. About half of these persons had been reported to health-survey enumerators as having one or another of the five classifications of deafness.

The hearing bulletins are: Normal Hearing by Air and Bone Conduction (Bulletin 4, Washington, 1938, 23 pp.); Normal Hearing for Speech at Each Decade of Life (Bulletin 5, Washington, 1938, 25 pp.); Sex Differences and Age Variations in Hearing Loss in Relation to State of Deafness (Bulletin 6, Washington, 1938, 40 pp.); Generalized Age and Sex Trends in Hearing Loss (Bulletin 7, Washington, 1938, 42 pp.).

# BOOK AND PERIODICAL NOTES

## (Maternal, Infant, and Child Health)

RECENT ADVANCES IN KNOWLEDGE OF SOME OF THE COMMON DISEASES OF CHILDHOOD, by S. Z. Levine, M.D. *Bulletin of New York Academy of Medicine*, Second Series, vol. 14, no. 12 (December 1938), pp. 739-753.

The author is professor of pediatrics in Cornell University Medical College and chief of the Pediatric Service of the New York Hospital. In this paper he presents his evaluation of the practicability and usefulness of some of the newer procedures for the treatment of children with whooping cough, poliomyelitis, cryptorchidism, vaginitis, and infections of the urinary tract. He also discusses outstanding advances in the knowledge and use of vitamins, and comments favorably on the "apple diet" for children with diarrhea.

DISABILITY FROM SPECIFIC CAUSES IN RELATION TO ECONOMIC STATUS. Sickness and Medical Care Series, Bulletin 9, National Health Survey, 1935-36. National Institute of Health, U. S. Public Health Service. Washington, 1938. 13 pp.

A definite relation is shown in this bulletin between economic status and volume of disability. A table giving the ratio of disability rates (adjusted to the age composition) of total white population in the National Health Survey for persons in low-income families to the rates for those in families with relatively high incomes shows that the per capita volume of disability for each type of disability studied is highest among families on relief and lowest among families with incomes of \$5,000 or more, except for respiratory and infectious diseases.

For tuberculosis the volume of disability was 8.75 times greater among families on relief, and 3.88 times greater among nonrelief families with incomes of less than \$1,000 per year, than in the group with \$5,000 or more.

DEVELOPMENT OF IMMATURE BABIES DURING THEIR FIRST 2 YEARS, by Mary Shirley. *Child Development*, vol. 9, no. 4 (December 1938), pp. 347-360.

Findings of psychological examinations given at 3-month intervals to 63 babies of subnormal birth weights at the Center for Research in Child Health and Development, Department of Child Hygiene, Harvard School of Public Health, show that premature babies with a birth weight of less than

4 pounds are at least a month retarded throughout the first 18 months of life.

On the whole the analysis confirms the findings of other authors that prematurity manifests itself more definitely in motor than in intellectual and social development.

A high incidence of "nervous" behavior was found in the premature babies, suggesting that they inherit less stable nervous systems than do babies born at term, or that exposure to external stimulation at a time when they normally would be enjoying the tranquillity of intra-uterine environment is hard on undeveloped nervous systems.

ADEQUATE FAMILY FOOD ALLOWANCES AND HOW TO CALCULATE THEM. Prepared by the Social Welfare and Public Health Department of the American Home Economics Association, with a representative from the American Dietetic Association. Family Welfare Association of America, 130 East Twenty-second St., New York. 1939. 35 pp. Processed. 40 cents.

The pamphlet is intended for the use of persons engaged in calculating food allowances for public and private welfare agencies. A general discussion of food requirements for individuals of different ages and degrees of activity is followed by food lists and weekly market orders that will provide these food requirements at minimum cost. Food lists and market orders have been formulated for eight sections of the country to show how relative costs and availability of food products influence the best choice for a minimum-cost diet. Methods for calculating food allowances are given.

MILK. *Commonwealth*, Quarterly Bulletin of Massachusetts Department of Public Health, vol. 25, no. 4 (October-December 1938), pp. 277-338.

The public-health aspects of the production, distribution, and consumption of milk and milk products are discussed by 16 contributors, representing the resident and extension divisions of Massachusetts State College, the State Department of Agriculture, and the State Department of Public Health. Approximately 85 percent of the milk sold in Massachusetts is pasteurized. No epidemic of milk-borne disease in the State was reported in 1936 or 1937. The last 5 articles in the symposium are concerned with ways of stimulating consumption of milk through health education.

# SOCIALLY HANDICAPPED CHILDREN

## NEWS AND READING NOTES

*Coordinating councils in California* is the title of a study by Kenneth S. Beam, executive secretary, Coordinating Councils, Inc., published in State of California Department of Education Bulletin No. 11 (September 1938). It attempts to give a picture of coordinating councils as they have developed over a period of years and as they function today, and to present some suggestions to communities just entering this field by pointing out problems to be anticipated and requisites for success.

Coordinating Councils, Inc., has been established as an independent organization through the assistance of the Rosenberg Foundation of California, according to the foreword, and will continue the study of the coordinating-council movement. Its headquarters are at 139 N. Broadway, Los Angeles, Calif.

*Indiana commission on child-welfare laws reports* The report and recommendations of the Commission on Child-Welfare Laws, State of Indiana, as submitted to the Governor on December 27, 1938, have been issued in mimeographed form by the commission (141 South Meridian St., Indianapolis, 13 pp.).

The commission finds that the children's laws of Indiana, modernized to a considerable extent in 1936, need an organizational framework for integrated supervision. A number of obsolete laws were found on the statute books, some of which "classify the neglected and orphaned child almost as a criminal" or "permit the farming out of orphans

in the same manner as slaves or chattel goods." The laws governing adoption of children date back 80 years; they contain "loopholes and contradictions" and "fail to apply scientific measurements to methods of adoption." The laws relating to children born out of wedlock come under the Bastardy Act of 1852.

Detailed recommendations are submitted by the commission for revision of the Indiana laws on adoption, paternity, foster care, licensing of child-caring agencies, out-of-State placement of children, crippled and sick children, and for repeal of all laws concerning the indenture of children. The letter of transmittal states that bills will be submitted embodying the recommendations of the commission.

*National Association of Training Schools issues proceedings* In 1938 for the second year superintendents and officials of training schools for boys and girls met with leaders in the field of child welfare in connection with the National Conference of Social Work in Seattle, Wash.

The proceedings are being issued by the National Association of Training Schools in pamphlet form. Volume 3, number 1, contains the papers presented by Dr. Herbert D. Williams, on the institutional approach toward understanding the child, and by Mildred Arnold, on foster-home placement from training schools.

The Children's Bureau has received a small supply of this issue for distribution.

## BOOK AND PERIODICAL NOTES

*SOCIAL CASE RECORDS: FAMILY WELFARE*, edited by Elizabeth S. Dixon and Grace A. Browning. Social-Service Series. University of Chicago Press, Chicago. 1938. 312 pp. \$2.

This volume was prepared for the use of classes in family case work. The records have been selected to introduce a variety of case situations and to indicate the variety of community

resources needed to meet them. Of the 16 case records used, 10 were taken from the files of private agencies, and 3 records and 3 summaries from public agencies. In some cases material from the case sheet, employment sheet, and financial record has been incorporated in the narrative.

Some of the cases include material collected in January 1938.

GROUP METHODS IN VOCATIONAL GUIDANCE, by Louis H. Sobel and Joseph Samler. Furrow Press, 156 Fifth Ave., New York. 1938. 111 pp. 75 cents.

In this manual the authors attempt to provide a preliminary source of information, suggestions, and aids to be used by club leaders, counselors, and teachers in Jewish centers, Y.M.H.A.'s and Y.W.H.A.'s, Hebrew schools, camps, child-care institutions, and other organized groups concerned with the problems of economic and social adjustment of Jewish youth. The emphasis is on methods and techniques of giving vocational guidance in clubs, camps, and institutions for child care. A selected bibliography to the literature describing careers and occupational trends is given in an appendix.

THE 1,400 WHO ENTERED NEW JERSEY INSTITUTIONS FOR THE MENTALLY DEFICIENT, by Emil Frankel. Reprinted from Proceedings of American Association on Mental Deficiency, vol. 43, no. 2, 1938, pp. 186-200. Single copies available from Department of Institutions and Agencies, Trenton, N. J., while the supply lasts.

This is a follow-up study of first admissions to the five New Jersey institutions for the mentally deficient during 1930-32, and covers 1,413 individuals. In 1938, 34 percent of these individuals were living in the community, either completely discharged from the institutions or under parole supervision; 51 percent were in institutions for the mentally deficient; 5 percent were in other types of institutions; and 10 percent had died. When they are classified by level of mentality decidedly higher death rates are apparent among those with lower mental capacities.

Of the persons who survived in 1938 it appears that the majority of those with comparatively high

grades of mentality had been discharged from the institutions, whereas the majority of those with the lowest grades of mentality were still in the institutions. This illustrates, the report states, the relationship between mental level and response to training.

When age is considered, it appears that most of the children admitted under the age of 10 years were of low-grade mentality and needed long care. Most persons over 21 who entered the institutions had passed beyond the age at which much could be done for them educationally, and many of them must remain in the institution because of their social inadequacy. The individuals in the most hopeful position were those admitted between 10 and 20 years of age; approximately half of the living children in this age group had been released within 6 to 8 years and were living in the community.

WHAT DO BLIND CHILDREN KNOW? by Samuel P. Hayes, Ph.D. *Teachers Forum for Instructors of Blind Children*, vol. 11, no. 2 (November 1938), pp. 22-29, 32.

Where specialized tests of practical information have been used with blind children, various special mistakes and difficulties caused by the handicap of blindness have been revealed in addition to the confusions and misunderstanding observed in seeing children. The author recommends a more extended use of standard tests of information and achievement to give an annual check-up on progress in order to show where there is the greatest need for enriching and supplementing the school and life education of blind children. Several representative tests are given.

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

# GENERAL CHILD WELFARE

## CHILD-WELFARE WORK IN MEXICO<sup>1</sup>

BY ANNA KALET SMITH,  
ASSOCIATE IN FOREIGN RESEARCH, U. S. CHILDREN'S BUREAU

One of the most important events in the history of the child-welfare movement in Mexico was the first national conference on child welfare held in Mexico City in 1921. In the following year the Federal Department of Health organized the first Baby Week held in Mexico, during which the rules of infant and child hygiene were introduced for the first time to large numbers of the people. This was followed by the establishment of child-health centers in Mexico City and later in many other places.

Child-health work is done by a number of the States. In small towns and rural districts of several States, however, maternal and child-health work was done until recently by the Division of Rural Hygiene. In the Federal District it was carried on by the Division of Child Hygiene and Social Welfare of the Child (*Higiene Infantil y Protección Social a la Infancia*). Both these divisions were under the Federal Department of Public Health.

*Federal Bureau of Social Aid to Children* Federal child-health and child-welfare work was transferred in 1937 to the newly established Federal Bureau of Social Aid to Children (*Departamento de Asistencia Social Infantil*), which is part of the *Secretaría de Asistencia Pública*.

The functions of the new Federal Bureau of Social Aid to Children, as prescribed in a presidential decree,<sup>2</sup> cover in general the organization and development by the Federal Government of welfare work for mothers and for children under 6 years of age, the drafting and administration of laws in this field, and the supervision and control of preschool education and of maternal and child-welfare work done by the States, municipalities, and private individuals and organizations. In regard to preschool education, the functions of

the Bureau include the establishment of centers for this purpose, and the supervision of preschool education in the public and private schools and other institutions throughout the country. Maternal and child-welfare work includes premarital and prenatal hygiene, hygiene of mothers and children, and social service and social insurance for mothers and children. The establishment and supervision of premarital and prenatal clinics, maternity homes, day nurseries, kindergartens, and other institutions for children and mothers of the peasant and working classes are especially mentioned. The work of the Division of Child Hygiene, which maintained health centers for mothers and children, day nurseries for children of employed mothers, and public-health-nursing services in the Federal District, was transferred to the new Bureau.

An important duty of the Bureau is the coordination of Federal child-welfare work with that done by the States and municipalities. It is also charged with the duty of organizing child-welfare congresses and prize contests for scientific publications on motherhood and childhood.

The work of the Bureau has been divided among four offices: (1) Division of private cooperation and social action, which has charge of special studies of local and general problems, organization of new services, inspection of institutions and other agencies, and social case work; (2) division of medical service in the Federal District, which has charge of clinics, maternity homes, day nurseries, orphanages, visiting medical service, and so forth; (3) division of medical service in the States and Territories of the Republic; (4) division of preschool education.

The Bureau began to function in August 1937. In the fall of 1938 it had a staff of about 1,000 persons in its prenatal clinics, maternity homes, clinics for preschool children, day nurseries, kindergartens, and orphanages.

The Federal Government is responsible for salaries; the individual States contribute the

<sup>1</sup>From laws, official reports, and other original sources.

<sup>2</sup>*Boletín del Instituto Internacional Americano de Protección a la Infancia*, Montevideo, January 1938. P. 525.



buildings; other expenses are met by private contributions.

*National child-welfare association* For the purpose of collecting funds for the development of the work of the Bureau and arousing public interest, there was organized the *Asociación Nacional de Asistencia Infantil*. This association consists of a number of volunteer committees (*Comités Voluntarios de Asistencia Infantil*) and a central board in the Federal District. In the summer of 1938 committees were being organized in towns and villages all over the country. Each committee does maternal and child-welfare work, including case work, and promotes the establishment of the necessary services, either by private effort or with Government cooperation. In the various States child-health clinics, maternity homes, nursery schools, kindergartens, orphanages, and other agencies have been established by the cooperation of the public, the State Government, and the Federal Government. The Federal District is divided into 16 zones, each of which has a committee. The central committee, with headquarters in the Federal District, owns the property belonging to the association all over the country.

Besides the committees, mothers' clubs have been formed all over the country, the members receiving instruction in child care, hygiene, sewing, cooking, and arts and crafts, according to the needs of the district. In Mexico City 16 mothers' clubs with an average membership of 300 per club were in existence in May 1938. Each committee in Mexico City plans to establish a clubhouse for mothers (*Casa de la Madre*) in cooperation with the Federal Bureau of Social Aid to Children. The clubhouse will have sewing machines, electric irons, baths, libraries, and workrooms for the use of the members. Instruction will be offered in hygiene, home management, and other subjects of an economic and social nature.

*Department of Public Welfare of Federal District* The Department of Public Welfare of the Federal District, which includes Mexico City, supports institutions for dependent children in which kindergarten, elementary, and voca-

tional education is given. Within the last 10 years the Department has opened several dormitories where children who work during the day and lack shelter are cared for at night. Adults also are admitted to some of these dormitories. The dormitories are equipped with a library, reading room, dining room where the children receive breakfast and supper, playground, and gymnastic apparatus. In the fiscal year 1935-36 medical service became a permanent feature of these dormitories. During the winter "measures are taken to persuade the needy to go to the public dormitories instead of sleeping in the streets." The Government of the District is also conducting a campaign against begging, particularly by children. Children found begging are placed in the agricultural school recently opened. The Department of Public Welfare has been gradually reorganizing its work in accordance with modern methods. In 1935 it sent several physicians to study in the United States and Europe.<sup>3</sup>

*Juvenile courts* The Code of Penal Procedure of 1934 orders the establishment of a juvenile court in the capital of every State and in other cities, and the appointment of local supervisory councils as adjuncts to the juvenile courts. The duties of these councils, under the chairmanship of a public-welfare official, are to see that the court's decisions are carried out, to visit institutions for juvenile delinquents, and to supervise probation cases. The juvenile court at Mexico City, in existence since 1927, is considered well equipped for treating delinquency. There are three judges in the court; one must be a teacher, another a physician, and the third a psychologist, and one of these judges must be a woman. An observation center for children under detention and a psychological clinic are attached to the court; physicians and probation officers are also employed. Each case is thoroughly investigated.

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<sup>3</sup>Departamento del Distrito Federal: Memoria presentada al H. Congreso de la Unión per el periodo 1935-36. Mexico, D. F.

## NEWS NOTES

*Annual report of Department issued*

The annual report of the Chief of the Children's Bureau for the fiscal year 1938 is contained in the Twenty-sixth Annual Report of the Secretary of Labor, which was made public in January (Washington, 1939, pp. 114-149). Copies can be obtained while the supply lasts by writing to the United States Children's Bureau, Washington, D. C.

The Children's Bureau report points out that the Social Security Act, the third anniversary of which was approaching at the end of the fiscal year 1938, and the Fair Labor Standards Act of 1938, which had just been signed, each included far-reaching provisions affecting the health and welfare of children; and that, by these two acts, the responsibilities of the Children's Bureau have been extended beyond research, consultation service, and dissemination of information, to include the development with the State agencies of health, welfare, and labor of joint undertakings for the advancement of the well-being of children and youth.

The recommendations of the Chief of the Children's Bureau are as follows:

1. Expansion of the Bureau's program of research and dissemination of technical and popular information for meeting the continuing needs in the following fields: (1) Maternal care and maternal mortality; (2) child growth and development and infant mortality and morbidity, particularly in the first month after birth; (3) the effectiveness of various forms of care of crippled children; methods of determining the mental status of the crippled child in relation to eligibility for care; and studies of the construction, weight, cost, and availability of appliances used in the treatment of crippled children; (4) medical and social care of children suffering from heart disease, diabetes, defective vision, defective hearing, and other chronic disabilities; (5) methods of diagnosis, community supervision, and institutional care of mentally deficient children; (6) methods of providing for dependent, neglected, and delinquent children and demonstrations of community methods of preventing and dealing with juvenile delinquency; (7) effectiveness of Federal and State cooperative programs of child-welfare services in areas predominantly rural and the need for Federal and State leadership in the improvement of community facilities for child care and protection in urban areas.

2. Expanded resources for advisory and consultative service, especially service to the States in the administration of Federally aided programs of maternal and child welfare, such as

regional advisory services in medical social work, nutrition, and dental hygiene; consultative service in child-welfare organization and methods of caring for children in need of social protection; and assistance to State agencies in developing and extending professional and in-service training for staff members.

3. Adequate appropriations for both administrative and research work necessary for the effective administration of the child-labor provisions of the Fair Labor Standards Act of 1938.

4. Extension of field and office service in developing and extending throughout the Nation satisfactory systems of current reporting of activities of juvenile employment, juvenile-court statistics, and health and social services to children.

5. Amendment of title V, parts 1 and 2, of the Social Security Act, to provide a gradually expanding program of maternal and child-health services as recommended in the national health program presented to the National Health Conference of July 1938 by the Interdepartmental Committee To Coordinate Health and Welfare Activities. These recommendations related to extension of maternity care and care of newborn infants; medical care for children; and extension of the program of services to crippled children, including increased facilities for orthopedic and plastic services and for care of children suffering from heart disease, injury due to birth or accident, or other diseases or conditions that require prolonged care to insure recovery or restoration leading to self-support.

6. Completion of ratification of the child-labor amendment if the United States Supreme Court holds that it is still pending.

7. Extension to Puerto Rico of the maternal and child-welfare provisions of the Social Security Act.

8. Continued focusing of public and professional interest on problems of maternal and child care and child welfare, standards insuring employment of qualified personnel, and methods of service.

*Demonstration programs in home and family-life education*

The United States Office of Education has announced that Wichita, Kans., Toledo, Ohio, Obion County, Tenn., and Box Elder County, Utah, have agreed to serve as demonstration centers for community programs in home and family-life education in the United States. This announcement followed a 3-day conference in the Office of Education, October 31-November 2, 1938, with leaders in education from the four States in which the demonstration is to be conducted. (United States Office of Education.)

**Ecuador enacts  
new code for  
minors**

A code for minors enacted in Ecuador in 1938 provides for prenatal service and for the protection of the child and young person. The National Council on Minors, to be established under the code, will have general supervision over child-welfare work, including that of the Bureau of Public Assistance, the Bureau of Child Welfare Institutions, and the juvenile courts. The Council's functions, as prescribed in the code, include the administration of all funds intended for child welfare, preparation of plans for the establishment of child-welfare agencies throughout the country, coordination of the work of these agen-

cies, and investigation of child-welfare problems.

The Bureau of Public Assistance will have charge of prenatal work, work with destitute mothers, and child-health centers. The Bureau of Child Welfare Institutions will have under its immediate supervision day nurseries, nursery schools, institutions for children of school age, institutions for delinquent and defective children, and vacation colonies. Juvenile courts are to be established in several cities.

The necessary funds for the work under the code will be obtained from the National Treasury and from private sources. (*República del Ecuador. Código de Menores. Quito, 1938.*)

## OF CURRENT INTEREST

### RADIO PROGRAMS

**Healthier  
babies and  
healthier  
mothers**

The subject of the May 3 program of the radio series, Your Health, sponsored by the American Medical Association, is Healthier Babies; that of the May 10 program, Healthier Mothers. The series entitled Your Health, which received first award for 1938 from the Institute for Education by Radio, is given every Wednesday at 2 p.m., Eastern standard time, over the blue network of the National Broadcasting Company. (*Bureau correspondence.*)

**Tales From  
Far and Near** A new series of literary radio programs for children, Tales From Far and Near, was begun February 3, 1939. These programs are presented by the Association for Arts in Childhood, sponsors of Story Parade (70 Fifth Avenue, New York), and may be heard on Fridays at 2:30 p.m., Eastern standard time, over the Columbia Broadcasting System, American School of the Air. (*Bureau correspondence.*)

### FOR MAY DAY

The importance of good nutrition for children is receiving special emphasis in plans for observing May Day--Child Health Day 1939.

**"Well-  
Nourished  
Children"**

"Good nutrition in childhood is essential preparation for health throughout life." This is the theme of a new pamphlet, Well-Nourished Children, which is available for May Day use. This pamphlet was prepared by the Children's Bureau in cooperation with the Bureau of Home Economics, United States Department of Agriculture (Children's Bureau Folder 14, Washington, 1939). Foods that children need, a food plan for the whole family, and the formation of good food habits in children are described in this pamphlet, which also gives a daily

check list of nourishing foods for growing children.

**May Day  
poster**

May Day posters, "The Health of the Child Is the Power of the Nation," can be obtained from the Children's Bureau at 20 cents each. These are in color and measure 30 by 24 inches.

**Exhibit  
suggestions**

Suggestions for May Day exhibits, revised for 1939, can be obtained from the Children's Bureau (8 pp. Mimeographed). This includes specifications for a new exhibit, "How Mary Spends Her Day," which brings out the importance of good nutrition in relation to child health.

## CONFERENCE CALENDAR

- |               |  |                |   |
|---------------|--|----------------|---|
| Apr. 3-6      | American Association for Health, Physical Education and Recreation, a Department of the National Education Association. Forty-fourth annual convention, San Francisco. Executive Secretary: N. P. Neilson, 1201 Sixteenth St. NW., Washington, D. C. | June 20-22     | American Public Welfare Association. Buffalo, N. Y.   |
| Apr. 10-14    | Association for Childhood Education. Annual convention, Atlanta, Ga. Permanent headquarters: 1201 Sixteenth St. NW., Washington, D. C.   | June 20-23     | American Home Economics Association. Thirty-second annual meeting, San Antonio, Tex.  |
| Apr. 11-13    | International Association of Public Employment Services. New Orleans.  | June 26-29     | National Tuberculosis Association. Thirty-fifth annual meeting, Boston. Permanent headquarters: 50 West Fiftieth St., New York.   |
| Apr. 11-14    | Fifth Annual Conference on Conservation of Marriage and the Family. University of North Carolina, Chapel Hill, N. C.   | June 26-July 2 | Eighth Pan American Child Congress. San José, Costa Rica.   |
| Apr. 20       | Conference of State and Territorial Health Officers with United States Children's Bureau. Washington, D. C.  | July 2-6       | National Education Association. Seventy-seventh annual convention, San Francisco. For reservations write to Chairman, N.E.A. Housing Committee, 200 Exposition Auditorium, San Francisco.   |
| Apr. 24-25    | Conference of State and Territorial Health Officers with United States Public Health Service. Washington.  | July 8-15      | International Federation for Housing and Town Planning. Stockholm, Sweden.  |
| Apr. 24-29    | National League for Nursing Education. Annual meeting, New Orleans.  | July 16-22     | Fourth World Congress of Workers for the Crippled, Bedford College, London. Joint auspices of the International Society for Crippled Children (Elyria, Ohio) and the English Central Council for Care of Cripples. Information on sailings: H. W. Roden, Travel Bureau, Mellon National Bank, Pittsburgh, Pa. |
| Apr. 27-29    | American Pediatric Society. Skytop Lodge, Skytop, Pa.  | July 17-21     | American Dental Association. Annual meeting, Milwaukee.   |
| Apr. 30-May 4 | National Congress of Parents and Teachers. Annual convention, Cincinnati, Ohio. Theme: Freedom for growth. Information: Mrs. J. K. Pettengill, president, 1201 Sixteenth St. NW., Washington, D. C.  | Aug. 6-11      | World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro. S. S. Rotterdam summer cruise sailing from New York July 5 and from New Orleans July 10, return to New York August 27. Permanent headquarters: 1201 Sixteenth St. NW., Washington, D. C.                                |
| May 8-14      | General Federation of Women's Clubs. Council meeting, San Francisco.   | Aug. 14-18     | National Medical Association. New York.   |
| May 15-19     | American Medical Association. Ninetieth annual meeting, St. Louis.   | Sept. 11-15    | American Congress on Obstetrics and Gynecology, sponsored by American Committee on Maternal Welfare. Cleveland.   |
| May 15-20     | Fourth International Congress of Comparative Pathology, Rome, Italy.   |                |   |
| June 18-25    | National Conference of Social Work. Sixty-fifth annual session, Buffalo, N. Y. General Secretary. Howard R. Knight, 82 North High St., Columbus, Ohio.   |                |   |

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# Child

Monthly News Summary



MARCH

1939

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**CHILDREN'S BUREAU**

U. S. DEPARTMENT OF LABOR

WASHINGTON, D. C.



# THE CHILD

# MONTHLY NEWS SUMMARY

Volume 3, Number 9

March 1939

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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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## UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS  
SECRETARY

# THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

## SENATOR WAGNER INTRODUCES NATIONAL HEALTH BILL

"I ask unanimous consent to introduce a bill of widespread interest, the so-called national health bill," stated Senator Wagner on February 28, 1939, in introducing in the Senate a bill to be known as the National Health Act of 1939. "I ask that the bill, together with an explanatory statement, be printed in the Record."

In his explanatory statement, Senator Wagner outlined the history of the bill as follows:

Studies looking toward a national health program were first made by the Committee on Economic Security appointed by President Roosevelt in June 1934. As an essential beginning the committee recommended, and Congress adopted, in titles V and VI of the Social Security Act, a Nation-wide preventive health program, including general public-health work, child and maternity care, and personnel training and investigations. In August 1935, promptly after the passage of the act, the President appointed by Executive order an Interdepartmental Committee To Coordinate Health and Welfare Activities, composed of representatives of the departments of the Federal Government concerned with health and welfare problems. In addition to its work in coordinating and adjusting the health functions of the Government under existing law, the committee, beginning in 1937, had available to it the accumulating results of health studies by the Social Security Board and the Children's Bureau, as well as the data compiled in the comprehensive National Health Survey conducted by the Public Health Service.

The results of these studies, together with a suggested program of action, were embodied in the report of the Technical Committee on Medical Care, a subcommittee of the Interdepartmental Committee, and submitted to the National Health Conference called by the President in July of 1938. At this conference, participated in by individuals and organizations representing a cross section of American opinion, lay and professional, overwhelming sentiment was disclosed for the broad-gaged plan laid down by the Technical Committee. In January of this year, the President transmitted a special message to the Congress, submitting for its study and consideration a national health program recommended by the Interdepartmental Committee, based on the results of the conference and subsequent conferences and deliberations.

The national health bill puts in the form of concrete legislation the recommendations for action which have developed out of this 5-year period of careful and expert inquiry.

The bill (S. 1620) "to provide for the general welfare by enabling the several States to make more adequate provision for public health, prevention and control of disease, maternal and child-health services, construction and maintenance of needed hospitals and health centers, care of the sick, disability insurance, and training of personnel; to amend the Social Security Act; and for other purposes," was referred to the Committee on Education and Labor.

This bill amends the Social Security Act, title V, part 1 (Maternal and Child-Health Services), part 2 (Services for Crippled Children), and part 5 (Administration) and title VI (Public-Health Work) so extensively as practically to rewrite them. It also adds three new titles: Title XII, Grants to States for Hospitals and Health Centers; title XIII, Grants to States for Medical Care; and title XIV, Grants to States for Temporary Disability Compensation.

The provisions of the proposed bill are summarized below:

<i>Maternal and child-health services</i>	For maternal and child-health services (title V, part 1 of the Social Security Act) enlarged appropriations from Federal funds are authorized. The expanded program would make possible grants to States sufficient to permit substantial expenditures for medical and surgical care of mothers and infants and for related services and to provide for facilities for diagnosis, hospitalization, and aftercare.
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The authorization for appropriation from Federal funds for these services is raised from the

present amount, \$3,800,000 a year, to \$8,000,000 for the fiscal year ending June 30, 1940; \$20,000,000 for 1941; and \$35,000,000 for 1942.

Allotments to States are to be determined on the basis of (1) total number of births; (2) number of mothers and children in need of services; (3) special problems of maternal and child health; and (4) financial resources.

*Medical services for crippled children and other children* The new name of title V, part 2, "Medical Services for Children and Services for Crippled and Other Physically Handicapped Children," indicates the scope of the proposed program in this direction.

The authorization for appropriation from Federal funds for services for crippled children is now \$2,850,000. Under the proposed bill the authorized appropriation for the fiscal year ending June 30, 1940 is \$4,000,000 for services for crippled children and other physically handicapped children and \$9,000,000 for medical care of children. These amounts are increased for 1941 to \$5,000,000 and \$20,000,000, respectively. The grants may be used for medical, surgical, corrective, and other related services and for facilities for diagnosis, hospitalization or other institutional care, and aftercare.

Allotments to States are to be made on the basis of (1) the child population; (2) the number of children in each State in need of the services; (3) the special problems of medical care of children; and (4) financial resources.

*Amendments applying to both maternal and child-health and crippled children's services* The following provisions apply both to maternal and child-health services and to services for crippled children.

The training of personnel is included in the purposes for which Federal funds may be used.

Allotments to States are to be determined in accordance with rules and regulations prescribed by the Chief of the Children's Bureau and approved by the Secretary of Labor. The 50-50 matching of funds is eliminated in favor of more flexible provisions with the Federal allotment ranging from 66 2/3 percent in the States with lowest financial resources to 33 1/3 percent in the States with the highest financial resources.

Amounts remaining unpaid to the States at the end of a fiscal year remain available to such States until the end of the succeeding fiscal year only, instead of for 2 years.

State plans must include methods of establishing and maintaining personnel standards on a merit basis and methods of establishing and maintaining standards of medical and institutional care and of remuneration for such care. They must also provide for State-wide coverage to be in effect not later than July 1, 1934 and for budget estimates to be submitted to the Children's Bureau "not less often than semiannually" instead of quarterly.

State advisory councils are provided for "composed of members of the professions and agencies, public and private, that furnish services under the State plan and other persons informed on the need for, or provision of" the services covered in the State plans. The Chief of the Children's Bureau is authorized to establish Federal advisory councils.

Puerto Rico is included in the definition of "States" to receive these services.

*Administrative provisions of title V* The amount authorized to be appropriated to the Children's Bureau for necessary administrative expenses under the Social Security Act (including child-welfare services), for making studies, investigations, demonstrations, and provision for the training of personnel is \$2,500,000. The amount authorized for administrative expenses under the present law is \$425,000.

*Public-health work* The program for public-health work authorized under title VI of the Social Security Act and administered by the United States Public Health Service is expanded and provides specifically for the control of tuberculosis and malaria, for the prevention of mortality from pneumonia and cancer, for mental health, and for industrial-hygiene activities.

Provisions for allotments to States and for requirements for State plans to be submitted by State health agencies and approved by the Surgeon General of the Public Health Service are similar



to the provisions proposed under title V.

The authorization for appropriation from Federal funds for grants to States for public-health work is increased from \$3,000,000 to \$15,000,000 for the fiscal year ending June 30, 1940, \$25,000,000 for 1941, and \$60,000,000 for 1942. The authorized appropriation for investigations through the National Institute of Health is increased gradually from the present \$2,000,000 to \$4,000,000 for the fiscal year ending June 30, 1942. For administration an appropriation of \$1,500,000 is authorized for the fiscal year ending June 30, 1940.

Puerto Rico is included in the definition of "States" to receive this service.

*Hospitals and health centers* The provisions contained in new title XII, Grants to States for Hospitals and Health Centers, are to be administered by the Public Health Service on the basis of State plans to be submitted by State health agencies and approved by the Surgeon General. The term "hospital" is defined to include health, diagnostic and treatment centers, institutions, and related facilities. The amount authorized for appropriation from Federal funds for general hospitals is \$8,000,000 for the fiscal year ending June 30, 1940, \$50,000,000 for 1941, and \$100,000,000 for 1942. The purpose is to construct and improve and to assist for 3 years in maintaining needed hospitals, especially in rural areas and in areas suffering from severe economic distress. In addition to general hospitals the title authorizes the appropriation of Federal funds for the construction of mental-disease and tuberculosis hospitals without specifying amounts.

*Medical care* Federal grants to States for medical care are provided for in title XIII (new), which is to be administered by the Social Security Board. The purpose is to extend and improve medical care, especially in rural areas and among individuals suffering from severe economic distress. Medical care is to include all services and supplies necessary for the prevention, diagnosis, and treatment of illness and disability.

State plans, the requirements for which are similar to those for State plans under titles V and VI, are to be submitted and approved by the Social Security Board. Provision is made for co-

operation or working agreements between the State agency administering the grants and any public agency or agencies administering related services. The amount authorized for appropriation from Federal funds for the fiscal year ending June 30, 1940, is \$35,000,000.

In his explanatory statement, Senator Wagner said of title XIII:

It should be clearly understood that the bill does not establish a system of health insurance or require the States to do so. Specifically, under title XIII of the bill, dealing with general programs of medical care, the States will be free to develop plans of their own choosing, subject to necessary basic standards. Such plans may be limited to those on relief or include others more fortunately situated in the economic scale. The plans may be supported by insurance contributions, by general revenue, or both. The method and scope of medical services are likewise for the States to determine, and may include services rendered through existing private agencies or institutions.

*Variable grants* A method of adjusting grants under titles V, VI, XII, and XIII to the varying financial resources of the States is given in section 5 of the proposed bill.

*Temporary-disability compensation* Another new title, title XIV, makes provision for Federal grants to assist the States in the development, maintenance, and administration of plans for temporary-disability compensation, submitted by State agencies and approved by the Social Security Board.

The amount authorized for appropriation from Federal funds for this purpose is \$35,000,000 for the fiscal year ending June 30, 1940.

To effectuate the purposes of this title, a State law must provide for administration of the plan through a State agency according to methods approved by the Social Security Board; for a fair hearings of claims; and for cooperation and working agreements between the State agency administering the grants and State agencies administering any law relating to unemployment compensation, workmen's compensation, industrial hygiene, and so forth.

To a State which has an approved plan, payments may be made equaling one-third of the total expended as temporary-disability compensation and one-third of the necessary administrative expenses of the State plan.

## HOME-DELIVERY-NURSING SERVICES IN A PUBLIC-HEALTH PROGRAM

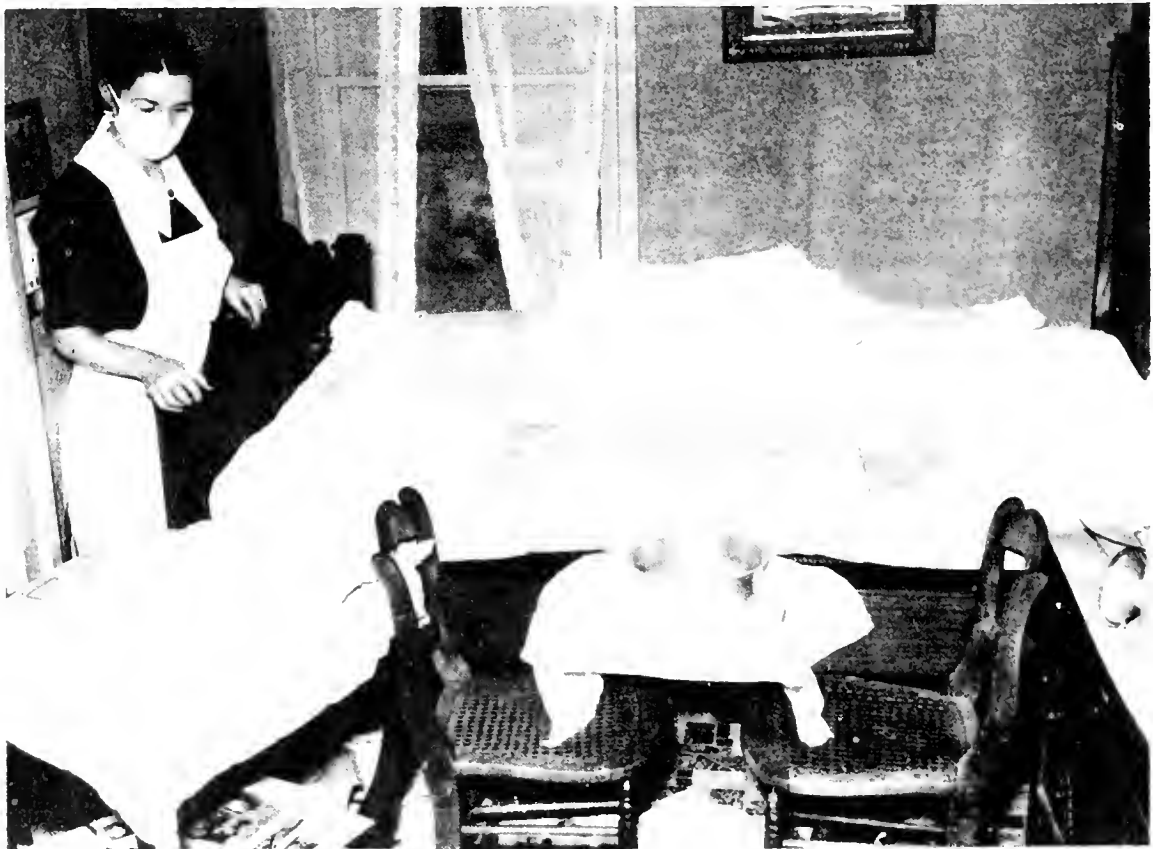
By JANE D. NICHOLSON, PUBLIC HEALTH NURSING CONSULTANT,  
CHILDREN'S BUREAU, U. S. DEPARTMENT OF LABOR

Nursing care in the home at the time of the birth of a baby is now being provided to a limited extent in connection with official public-health-nursing programs. Before the provisions of the Social Security Act were put into operation practically all the available home-delivery-nursing services were provided by nonofficial health agencies.

In June 1936 the National Organization for Public Health Nursing made available information furnished by 30 nonofficial public-health-nursing agencies that offered organized home-delivery-nursing services. It is interesting to note in connection with these agencies that 20 were located in the East, 3 in the Southeast, 2 in the West, and 5 in the Middle West. The information furnished by these nonofficial agencies and the recent experiences of official agencies that have developed this type of service have helped to

focus attention on fundamental factors in the organization and administration of home-delivery nursing. Since social-security provisions have been in effect for the extension and improvement of maternal and child health, official public-health agencies are assuming more responsibility for protecting the health of the mother and baby at time of childbirth.

An organized home-delivery-nursing service should guarantee registered graduate-nurse assistance to physicians at home deliveries in a specified area. It should be available at all times to all women who need it and who cannot make other satisfactory arrangements for care at childbirth. Fundamental to the effectiveness of such a service are the administrative plans which provide for satisfactory supervision, defined conditions of work, and specific agreements with physicians. Administrative plans of this kind are facilitated



and the quality of service is safeguarded if delivery-nursing services are given through an organized community agency.

The objective of a maternity program should of course include home-delivery-nursing service. As stated in the report of the New York State Health Commission<sup>1</sup> published in 1932: "An ideal maternity program means instruction, supervision, and care--both medical and nursing--from the beginning of pregnancy until the mother is able to resume her usual activities and to care for her new baby." Home-delivery-nursing services should be supported by good care of the mother prior to and following the birth of the baby.

The social and vital statistics of a community provide a valuable guide to the probable volume of services required, to the extent and variety of economic and clinical conditions that contribute to the need for such a program, and to existing resources that have a direct relation to home-delivery-nursing services. A public-health program will be more readily understood and supported if based on an accurate interpretation of these factors and on available facilities in relation to local needs for service.

The attitude of local individuals whose interest and support are needed for the success of a maternity program should be ascertained and given consideration. Among those whose interest and support are needed are physicians, graduate nurses, and hospital authorities. It is desirable that a representative from each group assist in making the plans and that completed plans be made known to these groups as soon as possible. The administration of a home-delivery-nursing service in a public-health program should be under the direction of a public-health agency. This agency may be either official or nonofficial.

#### *Qualifications of Personnel*

The public-health nurse directly responsible for organizing and administering the maternity nursing program should have professional preparation which makes her thoroughly familiar with public-health-nursing administration and the requirements of a program of maternal care.

<sup>1</sup>Public Health in New York State, Report of the New York State Health Commission, pp. 285-286. New York Department of Health, Albany, 1932.

#### *Various Plans of Administration*

Home-delivery nursing in a family-health program has been arranged for according to various plans.

According to one plan known as "generalized" public-health nursing, every nurse in the area served gives this care as part of her general family-health service.

According to another plan, known as a "specialized" public-health-nursing service, special public-health nurses are employed in addition to the regular staff. The services of the special nurses are restricted to nursing care associated with all phases of the maternity cycle--antepartum, intrapartum, and postpartum.

According to a third plan, also a "specialized" nursing service, special public-health nurses are employed in addition to the regular staff to give services for the intrapartum period only.

According to a fourth plan, nursing care at delivery is not part of the service of the public-health-nursing staff of the agency, but private-duty nurses are employed for this service.

*Specialized plans.*--The specialized plans have been used most frequently during the experimental stages of the program. It is recognized that it may be advisable to have delivery nursing given by specialized personnel until the time when this service can be given competently by the entire staff. Also, when delivery nursing is introduced into a public-health-nursing program, it may at first seem less difficult and less complicated to administer as a specialized service.

A question which needs thoughtful consideration when maternity nursing is given as a specialized service is whether it is not desirable that the general public-health nurse should retain the responsibility for nursing supervision during the antepartum and postpartum periods.

*Generalized plans.*--It has been demonstrated repeatedly that the most efficient and economical method of giving public-health nursing is on the basis of a family-health service. Public-health administrators in increasing numbers are organizing and administering the nursing services that are needed on the basis of family-health service; and home-delivery nursing is, of course, among the services needed in a family-health program.

Where a generalized plan of service is in operation, each public-health nurse goes into a great many homes for numerous purposes and is therefore able to contribute extensively to the general education for good maternal care in the community. Also, the general public-health nurse who is already known to the family through other health service is likely to be asked for help and advice by the mother early in pregnancy. Through her various associations in the home, she has the added advantage of being thoroughly familiar with the family circumstances.



*Courtesy, Gibson County Health Department,  
Trenton, Tenn.*

The additional time involved and the irregularity of service, which are outstanding characteristics of delivery nursing require careful planning when this service is to be included in a general public-health program. Provisions for rotation of the nursing staff, relief, and overtime must be made if the service is to be available 24 hours a day every day of the week.

#### *Rotation*

Two methods for rotating the staff have been tried with success. By one method each nurse in succession is on call for a 24-hour period. During this period her work is so scheduled as to enable her to respond immediately to a call. The type of work to which she is assigned during this 24-hour interval may be service in a health center, school building, or office. If for any reason she needs to carry on other field work, there must be definite assurance that communication by telephone is possible. This method is in operation largely in rural areas.

According to the other method of rotation, each nurse in succession is on call but for a longer period--from 2 to 4 weeks. This method is practicable only when a service covers a more concentrated unit of population, such as a town.

Arrangements whereby another nurse will take second call are necessary, and in some instances the services of private-duty nurses must be utilized in addition for further calls. Whatever the plan for rotation, the schedule for each nurse should be worked out as far in advance as possible; in some instances a schedule has been worked out 4 months ahead.

#### *Overtime*

Overtime, which is often unavoidable notwithstanding rotation and relief, can be compensated on the basis of equivalent time off the following day or as soon as possible. In addition, provision is often made to compensate nurses for the restriction of activities while on call by allowing occasional long weekends.

#### *Private-Duty Nursing Service*

According to a fourth plan, which has been put into operation in some localities, the public-health agency responsible for nursing care at delivery draws upon the services of local graduate, registered nurses qualified for obstetrical nursing and interested to participate in a public-health program. Their services are obtained as needed and are paid for by the agency on a case basis. A public-health agency that administers a home-delivery-nursing service under this arrangement must assume the responsibility for selecting and supervising local graduate nurses who have had good basic preparation in maternity nursing. In addition the agency should arrange a period of intensive preparation of these selected nurses in order that they may understand the agency policies and procedures and their own responsibility for rendering a high quality of service according to the agency program.

In many places local private registered nurses are employed to assist the regular public-health-nursing staff only in an emergency. Such an emergency might arise because of unusual demands for service over a short period or because of illness or vacations among members of the regular staff. The purchase of extra nursing service as needed is

considered an economical and efficient method of providing for maximum needs and of assuring the community continuous service.

#### *Administrative Practices*

Whatever type of administrative plan is selected for including delivery-nursing care in a public-health program, there are certain fundamental policies and practices that apply. These are important if the technical services are to be satisfactory, if satisfactory conditions of work for the participating staff are to be maintained, and if the agency is to have available the information which is needed for study of current services.

Some of these fundamentals are:

1. *Adequate number of nurses.*--Home-delivery nursing should not be attempted by a public-health agency unless the agency is able to assign to the area to be served a sufficient number of well-qualified nurses to insure care of good quality to all women who need it, without interfering with other phases of the public-health-nursing program and without making unreasonable demands upon the time and strength of the nursing personnel.

2. *Local nursing supervision.*--A requirement of utmost importance in the administration of nursing service at delivery is adequate local nursing supervision. This type of assistance helps to make possible unity of plan and action and promotes a high quality of service. The supervising nurse who functions in a public-health program should have at least the minimum qualifications for supervisors as outlined by the National Organization for Public Health Nursing, and in addition special preparation in maternity nursing. Because of the expansion and development of the home-delivery-nursing program throughout the country and the lack of formulated standards for organizing these services, there is urgent need for public-health-nursing supervisors who have supplemented their basic preparation with recent advanced preparation in obstetrical nursing.

3. *State nursing supervision.*--Many State health departments have appointed nursing consultants in maternal and child health during the past 2 years. The purpose of this type of consultative service is to interpret the maternal and child-health aspects of the program and to integrate them with the general public-health-nursing services. Moreover, these consultants help to develop the particular nursing techniques and procedures involved in a maternity program. These consultants do not attempt to substitute for local nursing supervision, but they give assistance in developing such local supervision.

4. *Outline of nursing procedures.*--Procedures to be carried out by the nurses in the absence of a physician should be outlined in sufficient detail so that there will be no possibility of

misunderstanding and no possibility of delay in carrying out routine nursing services promptly and efficiently. These instructions should be related to each phase of the maternity cycle. They should be based on practices approved by the local group of physicians. They should be broad enough to cover the ordinary conditions that arise during the maternity cycle and should be kept always within the scope of public-health nursing. Opinion varies as to whether certain functions in a maternity service are within the scope of public-health nursing. Some physicians for instance prefer to have the nurse make blood-pressure readings between visits of the patient to the physician; others prefer to make all blood-pressure readings themselves. The real point is that the blood pressure should be ascertained fairly frequently throughout pregnancy and that public-health nurses who appreciate the significance of this will use their influence to have pregnant women receive the service from some source.

5. *Equipment.*--Equipment provided for a home delivery should be at least the minimum consistent with safety. Families should be encouraged and assisted to provide as much of it as possible. It is customary for the physician and the public-health agency to share the responsibility of providing necessary equipment not provided by the family. The usual bag carried by the general public-health nurse is considered adequate for use of the nurse at the time of a delivery. The nurses who participate in a maternity service should assume the responsibility for seeing that the needed sterile obstetric supplies are available. Members of local social and health councils or advisory committees to the health department frequently assist with the preparation of sterile obstetric packages. Advice of competent local obstetricians should be sought in order that the quantity and variety of these may be adequate. Sterilization of supplies constitutes a problem, particularly in rural areas. In some places, sterilization service is purchased from a local hospital. In one county a local physician who owned a small but satisfactory sterilizer suggested it be used for all supplies needed in the county.

6. *Hours of work of nursing personnel.*--The continuous and unpredictable demands on a home-delivery service frequently create perplexing problems in relation to hours of work and total working hours. Irregularities of work cannot always be avoided, but in a given week or month total working hours of nurses who assist with home deliveries should not exceed the hours of other members of the same staff. As previously discussed, rotation of nursing staff and purchase of additional nursing services from private-duty nurses are methods used to reduce overtime and irregular hours to a minimum.

7. *Receiving calls.*--During working hours of the agency calls are relayed from the office to the nurse--wherever she happens to be. Outside working hours (nights, Sundays, and holidays) arrangements should be made whereby the nurse

receives calls at her residence directly or through a nurses' register, telephone exchange, hospital, or even the police station. In one county a reliable graduate nurse who is a cripple and who needed an added source of income was glad to assume the responsibility of receiving and transmitting all calls, provided the agency would have a telephone installed in her home and pay her a small fee for the service. The point is that arrangements must be made for continuous and prompt transfer of calls to the nurse who is responsible at any given time.

8. *Transportation.*--During the daytime public-health nurses on delivery service can use the usual methods of transportation. For night service it is usually considered advisable to make arrangements whereby the nurse can accompany the doctor or some member of the patient's family to and from the home.

9. *Records and reports.*--An adequate system of records and reports of services rendered<sup>2</sup> should

<sup>2</sup>For forms compiled by statisticians, see *Tabulation of Health Department Services* (Reprint No. 1768 from Public Health

be established at the very beginning. These should be used as a guide when compiling service and activity-report forms for a maternity program. The trend is toward including on service records, in addition to the identifying data, only those items which, when properly entered, indicate the conditions found and the services rendered. This information gives the data that public-health agencies need for interpreting problems and measuring adequacy of services.

The importance of establishing definite policies and procedures at the very beginning of the service cannot be overestimated. These policies and procedures do not remain static but are altered to meet the demands of the service as it develops.

Reports, U. S. Public Health Service, Washington, 1936); *Suggestions for Statistical Reporting and Cost Computation in Public Health Nursing* (National Organization for Public Health Nursing, 50 West Fiftieth St., New York, 1937); *Recording of Local Health Work* (W. F. Walker and Carolina R. Randolph, Commonwealth Fund, New York, 1935).

COMING IN NEXT ISSUE

Report of the North Carolina Conference on  
Better Care for Mothers and Babies,

Raleigh, N.C.  
February 15, 1939

' WHAT WE NEED - - '  
Comments From a Louisiana Community<sup>1</sup>

I

Note.--This group of quotations gives a picture of the field for child-welfare work as seen by various leaders in one community when child-welfare services under the Social Security Act were first set up there. The opportunities for further interpretation are evident; the need is clearly apparent for eliminating overlapping services for some children and for filling wide gaps in services available to meet the needs of other children.

"We couldn't find enough underprivileged boys to go around for every member of the club," said the chairman of the committee on boys' work. "We thought we'd have to give up the Big Brother idea." The child-welfare worker suggested that the Big Brother plan be worked out on a demonstration basis, with specific goals for aiding a few individual boys. The chairman accepted the offer of the child-welfare office as the conference room for working out a plan for each boy in accordance with his needs, and said he looked forward to a more successful year with the aid of the child-welfare worker.

"When the Government came along with relief, the country churches stopped doing charity work; now this comes along for the young people." The minister who made this remark appreciated the fact that the church is still needed to supplement the financial relief and social service administered by public agencies, but contended that the first task is to enlighten church members themselves. "They would be willing to let the Government do it all," he argued. "If you can get them to help you with your child-welfare work, that will be fine."

"What we need is a law that will take babies born out of wedlock away from their mothers as soon as they are born," said a doctor's wife decisively, speaking about a community situation with which she had long acquaintance. "Oh yes, I

know there is a lot to be said for maternal love, but it doesn't make up for lack of culture and education. How can they be fit mothers when they live as they do?"

"I'll ship her right out of here, anywhere you want to send her," a town marshal said, speaking of a 15-year-old girl who was employed in a local saloon, and for whom the child-welfare worker wished to make a plan offering security in the right surroundings. "Of course, we have a town ordinance, but nobody enforces it, unless enough people complain. I haven't heard any complaints about her, but I'll do whatever you say." This police official is sincerely concerned about the girls and boys of his community, and often knows more about their night doings than their parents, but his only approach to the problem is "to throw a little scare into them." He hadn't considered "throwing a little scare into" their parents and preventing employment of young girls in drinking places.

"What we need is more parent training along the lines of understanding the development of children." So a parish priest surveyed the situation as he saw it. With a background of teaching experience in the field of psychology, this priest has made a valuable contribution to his community through his wide understanding of human behavior. "If you want to stress prevention, you have a big job to do with all parents," he said. "I will be glad to help you organize study groups for parents, or help bring to the parish speakers competent to deal with parent education."

"But that's exactly what I need in my work," interjected the nurse serving the parish health unit, when the child-welfare worker asked her help in discovering women who could be employed in a visiting-housekeeper program. "I hadn't thought of it, but it is just what I want for some of my families where there is no one to take charge during the mother's confinement. I doubt if you will

<sup>1</sup>Quotations and comment are taken from the monthly reports of Elizabeth Mosher, child-welfare worker, Jefferson Davis Parish, La. (Louisiana has parishes instead of counties.)

find just the sort of person you want for the job, but I want to help you, for I can use a visiting housekeeper also."

"Every child in school! It is probably a long time since this has been stressed," said the superintendent of education to his principals. "This year we have the help of the child-welfare department, and so can investigate reasons for nonattendance." The superintendent told of his plan to ask the school board for a special appropriation for a worker on the truancy problem.

"Nothing is safe with those children around," is the comment of many citizens in each community visited. "They are little thieves, always in the street," is said of the children of several families who are sore spots in the community. Coming from broken homes, or having incompetent parents the children represent a situation about which everyone has worried, and no one has done anything. The solution suggested is usually to "put the children away," presumably out of sight of the citizens who are disturbed by their presence in the neighborhood.

"He gives the police a lot of trouble, but he is excused on the plea that everybody thinks he is not bright," was the comment of one boy. But this has not released him from liability to punishment nor opened for him an opportunity for special treatment. He is regarded simply as a mistake of nature to be tolerated unless he becomes so offensive as to require commitment to an institution.

"I see, your office is to be a sort of center for children's work," commented a citizen who summed up the child-welfare aim with much understating.

## II

Note.--These notes illustrate developing community interest in child-welfare services and show the use being made of them after 3 months of operation.

Until more community leaders in the far reaches of the parish can be enlisted in the interest of child welfare, the entire parish will not be served, and requests for help at this early period cannot be considered representative of parish use of child-welfare service. Nevertheless, requests were coming in from many sources throughout the parish.

Each school principal in the parish had invited the child-welfare worker to speak to his teachers regarding her work. This enabled the

worker to broadcast to each school community the immediate and ultimate goals in child-welfare service and to explain wherein such service differs from financial assistance. Of the eight consolidated schools, five had been visited, and conferences with individual teachers had resulted in requests for help, with an average of three requests from each school.

Each of the workers in the parish department of public welfare had discussed some of the children in her case load with the child-welfare worker. The conference usually grew out of an unusual health problem or a family relationship which seemed to influence the child's behavior or development. Heavy case loads have made it impossible for the parish workers to do intensive case work and in several instances, after conference, they have temporarily transferred the case to the child-welfare worker who has visited the home to study a particular problem. This was not attempted in cases where the worker-client relationship might be threatened.

In one town, where a request had come from the Kiwanis Club for the names of boys who might profit by the help and companionship of a man, 14 cases were studied, and in conference with the parish worker, a list of boys was prepared for the Big Brother program. Several cases of serious maladjustment, due to health problems, or emotional difficulties in the home were brought to light. Plans will be made for special attention to these problems.

Town officials spoke of delinquency as the chief problem they had to contend with. Doctors referred a few cases of unmarried girls who were pregnant for social planning. Requests have come from citizens for attention to two crippled children not yet reached in school medical examinations; for help in planning for a family of neglected, malnourished children whose mother is periodically unbalanced mentally and whose father neglects them; for aid in securing glasses for a girl who is going blind; for attention to three delinquent boys of a gang who had stolen from a store but whom the storekeeper did not have arrested for theft as he felt they should be given a chance; and for individual instruction of some sort in the public schools for children who cannot learn in groups.



# MATERNAL, INFANT, AND CHILD HEALTH

## PRELIMINARY REPORT ON THE STUDY OF NEONATAL DEATHS IN PHILADELPHIA

BY RALPH M. TYSON, M. D., CHAIRMAN,  
PHILADELPHIA COMMITTEE FOR THE STUDY OF NEONATAL DEATHS

The Committee for the Study of Neonatal Deaths in Philadelphia was appointed by the Director of Health of Philadelphia. The county medical, obstetric, and pediatric societies are cooperating in this effort. It is the outgrowth of the local maternal-mortality committee, which has been functioning for 8 years under the guidance of Dr. Philip F. Williams. A committee for the study of stillbirths, with Dr. Montgomery as chairman, is also functioning. The committee studying neonatal deaths, therefore, represents the third step taken in the interest of maternal and child health. At present it may be considered simply as a fact-finding group. It is impossible to draw any definite conclusions from information so far collected, but certain definite trends have been noted, and situations that need correction are being pointed out.

Each month the committee plans to review cases arising 3 months before. The delay is deliberate in order to secure additional information from autopsies if possible. The cases are taken from the death-certificate records of the Bureau of Vital Statistics, and include all infants who died under 1 month of age. The death of an infant whose heart has beaten, who has taken a breath, or who has had muscular action is classified as a neonatal death. A specially devised schedule form is sent to the hospital or to the private physician, as the case may be, with a request to furnish the committee with the desired information. Certain physicians in each hospital have agreed to see that these forms are filled out as fully as possible. Several members of the committee review these schedules within the week preceding the committee meeting and decide on the cases in which the cause of death is obvious, at the same time selecting 15 or 20 cases for discussion by the entire committee. Physicians from hospitals and in private practice are invited to attend and present or discuss their own cases. When the work started only the members of the committee attended. Interest in the meetings is gradually growing, and

the attendance at recent meetings has varied from 20 to 35.

In 1937 there were 811 neonatal deaths in Philadelphia. In the first 6 months of 1938 there were 345 such deaths; 291 of these have been reviewed. In only 45 percent of the cases in Philadelphia was an autopsy done. The data at hand show very clearly that in Philadelphia, as in Chicago (pointed out by Bundesen and others), the proportion of deaths assigned to the several causes of death varies greatly, depending on whether or not complete autopsies are done.

The causes of the 291 neonatal deaths in this study are shown in the accompanying table:

Cause of death	Percent distribution	
	Autopsy performed (125 cases)	No autopsy performed (166 cases)
Total-----	100	100
Prematurity-----	26	57
Asphyxia-----	10	5
Syphilis-----	2	3
Toxemia-----	2	1
Infection-----	15	5
Malformations-----	9	5
Birth injury-----	23	4
Miscellaneous-----	3	3
Unknown-----	10	17

The classification was not made according to the International List of Causes of Death. As atelectasis considered secondary to some other conditions in most instances, it has not been accepted as a cause of death in the Philadelphia study.

Prematurity heads the list as the main cause of neonatal death. The marked discrepancy between the proportion of deaths ascribed to prematurity when cases in which autopsies were performed are compared with those in which autopsies were not performed is clearly shown. Probable causes of prematurity could be ascertained in only 53 of the 161 deaths that have been ascribed to prematurity.

Asphyxia as a cause of death, as shown for cases in which autopsy was done and those in which no autopsy was done, includes displacements of the cord, placental separation, placenta praevia, and

cases of asphyxia from unknown causes that are discovered at autopsy. This aspect of the problem is a purely obstetric one. Reduction in the deaths from this cause will require closer and more skillful treatment during labor and delivery.

Syphilis and toxemia seemed to play a rather minor part in causing neonatal deaths.

The proportion of neonatal deaths caused by infection clearly shows the need for better nursing and pediatric care of newborn infants. There were found in all 22 deaths caused by pneumonia, 7 by sepsis, 1 by peritonitis, and 1 by erysipelas. No doubt some of the cases of pneumonia were caused by insufflation of vomitus or vaginal secretions. Attempts made to aspirate mucus from the pharynx of asphyxiated babies may be one source of infection of these infants. However, cultures taken from the tips of aspirators have been found sterile.

The percentage of neonatal deaths assigned to malformations was twice as high in the group on which complete autopsies were performed as in the group that was not autopsied. Very little has ever been accomplished in reducing the number of malformations, because of their apparently hereditary nature.

A very marked difference is noted in the percentage of deaths caused by birth injuries among infants autopsied and those not autopsied: 23 percent of the deaths in the former group were ascribed to injuries, but only 4 percent of the latter. Intracranial injury with hemorrhage accounts for the greater number of these cases. The amount of hemorrhage in the brain necessary to cause death is not known and much depends on its location and on secondary anoxemia. Rupture of the liver was noted in two cases and adrenal hemorrhage in two cases. Just how these two organs are injured is not known definitely. Undoubtedly a large number of premature infants not autopsied, whose deaths were ascribed to prematurity, belong in the birth-injury group.

The group of miscellaneous conditions included enlarged thymus, hemorrhagic disease, erythroblastosis, and several other unusual conditions. The nature of most of these conditions is controversial and definite diagnoses are difficult to make. Some believe that an enlarged thymus gland never causes the death of an infant.

The deaths ascribed to unknown causes show again the great need for careful and complete autopsies. In the group that did not come to autopsy, 17 percent of the deaths were classified under "cause unknown." Even when autopsy was performed the percentage of deaths upon which a definite diagnosis could not be made was 10.

Several definite objectives are in the minds of the committee members. Although no positive facts can be stated, the impression is that there has been an increase in the number of autopsies from month to month and, as reports are received, it is found that the autopsies are being done more carefully and thoroughly. One of the aims of the committee is to secure the help of pathologists who are thoroughly familiar with the pathology of newborn infants and who are interested sufficiently to make microscopic studies of all organs, to secure postmortem cultures when conditions are favorable, and in all cases to examine the brain in a careful manner.

The committee is also stressing the need for a closer cooperation between the obstetric and pediatric staffs of the hospitals and is trying to encourage each hospital group to review its own neonatal deaths in open staff meeting.

In the early work of the committee it was noted that clinical and laboratory records were very inadequate. However, as the committee proceeds with the work the discrepancies and omissions in records are becoming less frequent.

The committee hopes to increase the interest in premature births, particularly in their causes, and to be able to furnish sufficient data for persons interested in obstetric work to bring about a better understanding of the causes of prematurity. Patients should be warned of certain conditions that may bring on premature labor and that they should avoid during pregnancy. It seems to the committee that better obstetric care will be developed when each physician realizes that the cause of death of a baby will be thoroughly investigated by the committee. In the groups of deaths ascribed to asphyxia and to birth injury the field is wide open for improvement. The committee believes that wider application of knowledge at hand and a better understanding of the causes of neonatal deaths will result in reduction of neonatal mortality in Philadelphia.

## NEWS AND RESEARCH NOTES

**National Health Council elects officers**

The National Health Council has announced the reelection of Ira V. Hiscock, professor of public health in the Yale University School of Medicine, as president for 1939. Other officers of the National Health Council, all of whom have been reelected, are: Vice president, Dr. Walter Clarke, executive director of the American Social Hygiene Association; secretary, Dorothy Deming, general director of the National Organization for Public Health Nursing; treasurer, Frederick Osborn, secretary-treasurer of the American Eugenics Society.

The following new members have been elected to the board of directors of the National Health Council for a 3-year period: Dr. Thomas Parran, Surgeon General, United States Public Health Service; Dr. Martha M. Eliot, Assistant Chief, United States Children's Bureau; Dr. Edmund P. Fowler, president, American Society for the Hard of Hearing.

**Massachusetts making 5-year study of maternal mortality**

The Division of Child Hygiene of the Massachusetts Department of Public Health

in conjunction with the Section of Obstetrics and Gynecology of the Massachusetts Medical Society

has undertaken a study of maternal mortality in Massachusetts that will include all deaths occurring in the 5-year period 1937-41 from conditions associated in any way with pregnancy. A United States Children's Bureau schedule form (C.B. 122, revised in June 1937) is being used to obtain the information for this study.

The results for the first year, 1937, are summarized by Dr. Roy J. Heffernan, vice chairman, Section of Obstetrics and Gynecology, Massachusetts Medical Society, in the *New England Journal of Medicine* for December 1, 1938 (vol. 219, no. 22, pp. 865-871), as follows:

An analysis of all puerperal deaths occurring in Massachusetts in 1937 disclosed that many of these women received insufficient or inadequate prenatal care. The need for closer supervision during pregnancy was particularly noted in the toxemic and cardiac deaths.

Sepsis, as usual, was found to be the *bête noire* of pregnant women. A grave problem found in connection with the large number of deaths from infection is the high incidence of fatalities from attempts to induce abortion. A campaign to educate the laity concerning the danger of this procedure might prove helpful.

In the bleeding cases early hospitalization and the more frequent use of blood transfusion are urged. More autopsies should be obtained to aid in securing a correct diagnosis in obscure cases and to increase our knowledge of puerperal pathology. Medical examiners throughout the State can render valuable assistance in this matter.

## FOREIGN NOTES

**National Conference on Maternity and Child Welfare to be held in London**

Preliminary announcement has been received of a National Conference on Maternity and Child Wel-

fare to be held in Great Hall, British Medical Association House, London, June 27-29, 1939, under the patronage of Her Majesty Queen Mary.

The Rt. Hon. Walter Elliot, M. P., Minister of Health, will serve as president of the conference, which is organized on behalf of the National Council for Maternity and Child Welfare by the National Association of Maternity and Child Welfare Centers and for the Prevention of Infant Mortality

in cooperation with the Maternity and Child Welfare Group of the Society of Medical Officers of Health.

Subjects to be discussed include safety in childbirth for mother and child; the encouragement of breast feeding; problems of nursery school, nursery class, and day nursery; the child in relation to the foster mother; and problems of parents with a physically defective child.

Applications for membership in the conference and conference fees (£1 is.) may be sent to Miss M. R. Lovelock, secretary, N.A.M.C.W.C., Carnegie House, 117 Piccadilly, London, W.1.

*Swedish law  
on interruption  
of pregnancy*

Under a new law, effective January 1, 1939, abortion is permitted in Sweden in cases

in which childbirth would seriously endanger the woman's life or health, or, on decision of the National Department of Health, in cases where there is reason to assume that the mother or father may transmit to the child a hereditary mental or serious physical illness or mental defect. When the pregnancy is a result of rape, incest, or intercourse between a girl and her teacher, guardian, adoptive father, or foster father, abortion may be performed if such intercourse was combined with "serious violation of the woman's freedom of action" and if legal action has been taken against the offender.

Pregnancy may not be interrupted after the twentieth week for a reason other than illness or physical defect in the woman.

Before the decision is made to interrupt pregnancy an opportunity to testify must be given to the father of the expected child, to the woman or her guardian, and to her husband if she is married. A signed statement must be obtained from the attending physician and from one of a group of public-health physicians to be designated in regulations, and the operation must be performed in a hospital or other specified institution. Penalties are provided for violation of the law.

(*Svensk Författningssamling*, No. 318, 1938.)

*Infant and  
maternal  
mortality  
among South  
African natives*

Speaking from the experience of some 13 years of work in Eastern Pondoland, South Africa, Dr. F.S. Drewe, medical superintendent of the Holy Cross Medical Mission,

points out the need for prenatal care among native mothers. His address, given in July 1938 at the Umtata Native Conference of the Anglican Church, is reported in *Child Welfare* (published by the South African National Council for Child Welfare, Johannesburg, January 1939).

Contrary to the common belief that native women pass through their confinements with little or no difficulty, Dr. Drewe finds that the native mothers who come under his care often have smaller birth canals than European women. Many of them also have the lower part of the spine pushed forward, possibly because of the custom of carrying heavy weights on the head, and this condition tends to bring about difficult labor.

*Control of  
puerperal  
fever*

Among annotations in the *Lancet* (London), no. 6016 (December 17, 1938), page 1425, is an account

of a Chadwick public lecture on puerperal fever given by Dr. Leonard Colebrook on December 13, 1938.

The *Lancet* summary states that Dr. Colebrook described puerperal fever (infection of the genital tract) as being of two kinds: Infection caused by hemolytic streptococci, mostly following normal labor; and infection caused by other organisms, mostly following trauma during labor. The hemolytic infections amount to about 40 percent of the total and are described as being more serious than the other type of infection and also more preventable, since there must be an outside source of infection. He pointed out that the policy should be to deliver all women in a noninfected environment, and suggested standards for segregation of patients and aseptic technique for staff.

Dr. Colebrook quoted the incidence of streptococcal infection among maternity cases in Queen Charlotte's Hospital during the past 7 years as being 1 in 700 hospitalized cases and 1 in 115 home deliveries. Sulphanilamide has been used at Queen Charlotte's for 3 years in cases of puerperal fever. Before its use the death rate of puerperal-fever cases had been about 20 percent; after its introduction the death rate dropped to 4.8 percent.



# BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

CESAREAN SECTION IN MASSACHUSETTS IN 1937, by Robert L. DeNormandie, M. D. *New England Journal of Medicine*, vol. 219, no. 22 (December 1, 1938), pp. 871-878.

This is the final report of a study made in Massachusetts by Dr. DeNormandie with funds made available under the Social Security Act, with the cooperation of the State commissioner of public welfare and the State department of public health.

There were 62,228 live births and 1,760 stillbirths registered in Massachusetts in 1937, a total of 63,988 births. There were 2,082 cesarean sections and 24 hysterotomies performed, as reported in the replies to a questionnaire sent to 171 licensed maternity hospitals. This represents an incidence of 1 abdominal delivery for every 30 births.

Dr. DeNormandie analyzes the indications reported for all hysterotomies and cesarean sections, the indications for these operations in the 192 cases in which the baby died, and the indications for these operations in the 66 cases in which the mother died. He also gives tables showing types of anesthesia used and the causes of maternal deaths. A table on the incidence of cesarean section in various Massachusetts hospitals shows that the incidence varies widely not only in different communities but in different hospitals in the same community.

Of the 2,106 women who had abdominal deliveries 3.1 percent died. Fifty-one of the 66 maternal deaths followed an emergency operation; 15, an elective one. Twenty-eight of the deaths (42 percent) were ascribed to sepsis.

Although all but 66 of the 2,106 women recovered, many had "stormy, uncomfortable convalescences." Many patients developed phlebitis, others had marked abdominal distention or persistent fever; several had pulmonary emboli; in many cases there was a moist or suppurating abdominal wound; several women developed upper-respiratory infections; others had acute retention of urine.

Again and again Dr. DeNormandie raises the question whether the indications for cesarean section were valid--in cases where the patient was only 6 or 7 months pregnant, for example, or where the only indication was that she happened to be 35

or 40 years of age. "There is no way of determining whether all the 539 cases classified under contracted pelvis had so severe a contraction as to indicate a section." A miscellaneous group of 55 cases he classifies as "bizarre." "It is my firm belief," he concludes, "that were the standards of the American College of Surgeons insisted upon in every hospital, the incidence of cesareans would at once drop."

NORTHWARD MIGRATION AND THE HEALTH OF NEGROES, by Walter P. Chievers. *Journal of Negro Education*, vol. 8, no. 1 (January 1939), pp. 34-43.

In attempting to determine whether the Negro has proved a capacity for survival in the northern part of the United States, the author examines figures of the Metropolitan Life Insurance Company and various recent studies of the Negro in northern cities; rates of syphilis, pneumonia, and rickets; infant mortality; housing; and psychopathic tendencies among Negroes. He concludes that until known therapeutic methods--medical, social, and economic--have been given a more thorough trial among Negroes, the question whether or not Negroes are physically capable of as low a death rate as that for white persons cannot be decided.

THE TEACHING OF THE MEDICOSOCIAL ASPECTS OF CASES, by George P. Reynolds, M. D. *New England Journal of Medicine*, vol. 220, no. 1 (January 5, 1939), pp. 1-7.

Recent tendencies to focus the emphasis in teaching medicine on the physical and laboratory approach to diagnosis, treatment, and prevention of disease, the author states, are liable to obscure the importance of the health and happiness of the patient as a human being and of the social aspects of each case.

In regard to the importance of social aspects in teaching medicine, he says:

The value of social study in diagnosis, the essential part that it plays in determining the exact treatment of the case, and its role in the prevention of disease and of psychological maladjustments, both for the patient and for his associates in life, must be demonstrated to the student. He must be made to see clearly that this is an integral part of medicine itself, not merely an allied field of social endeavor.

# CHILD LABOR

## FIRST HEARING ON OCCUPATIONS HAZARDOUS FOR MINORS

On March 28, 1939, a public hearing is to be held in Washington on a proposed finding and order relating to the employment of minors between 16 and 18 years of age in the manufacture of explosives, including goods containing explosive components.

This is the first hearing to be called by the Chief of the Children's Bureau in regard to the employment of minors in hazardous occupations under the Fair Labor Standards Act of 1938, pursuant to the regulations issued by the Chief of the Bureau on procedure for determining hazardous occupations.

The notice of the hearing states that an investigation has been conducted as to the hazardous nature of occupations in or about plants manufacturing explosives, with special reference to the employment of minors between 16 and 18 years of age. The report of this investigation, submitted to the Chief of the Children's Bureau, shows that--

. . . despite progress made by these industries in the promotion of safe working conditions, the manufacture of explosives is hazardous in nature; that according to figures now available the accident-severity rate for explosives manufacture was approximately twice as great as the average for all manufacturing industries in 1936; that workmen's compensation experience likewise shows a high injury cost for explosives manufacture; that employment in plants manufacturing explosives is especially hazardous for young workers who are characteristically lacking in the exercise of caution; that in recognition of the particular hazards for young workers of employment in connection with explosives 22 States have set a specific minimum age for such employment higher than for other employment; and that the policy of many manufacturers of explosives is to employ no minors under 18 years of age in their plants.

The proposed finding and order (Title 29--Labor. Chapter IV--Children's Bureau) are as follows:

### CHILD LABOR

PART 422. OCCUPATIONS PARTICULARLY HAZARDOUS FOR THE EMPLOYMENT OF MINORS BETWEEN 16 AND 18 YEARS OF AGE OR DETRIMENTAL TO THEIR HEALTH OR WELL-BEING.

Sec. 422.1 *Occupations in or about plants manufacturing explosives.--(a) Finding of fact.* By

virtue of and pursuant to the authority conferred by section 3(1) of the Fair Labor Standards Act of 1938 (52 Stat. 1060) and pursuant to the regulation prescribing the "Procedure Governing Determinations of Hazardous Occupations,"<sup>1</sup> an investigation and public hearing have been conducted with respect to the hazards for minors between 16 and 18 years of age in occupations in or about plants manufacturing explosives, and sufficient reason appearing therefor, I, Katharine F. Lenroot, Chief of the Children's Bureau of the United States Department of Labor, hereby find all occupations in or about such plants to be particularly hazardous for the employment of minors between 16 and 18 years of age.

(b) *Order.* Accordingly, I hereby declare that all occupations in or about any plant manufacturing explosives are particularly hazardous for the employment of minors between 16 and 18 years of age.

*Definitions.* For the purpose of this order--

(1) The term "plant manufacturing explosives" means the land with all buildings and other structures thereon, used in connection with the manufacturing or processing of explosives;

(2) The term "explosives" means and includes ammunition, black powder, blasting caps, fireworks, high explosives, primers, smokeless powder and all goods classified and defined as explosives by the Interstate Commerce Commission in "Regulations for Transportation by Rail of Explosives, etc." as amended, Docket 3666, issued pursuant to the Act of March 4, 1921 (c. 172, 41 Stat. 1444, U. S. Code, tit. 18, sec. 332).

This order shall become effective on June 1, 1939 and shall be in force and effect until amended or repealed by order hereafter made and published by the Chief of the Children's Bureau.

Katharine F. Lenroot,  
Chief of the Children's Bureau.

<sup>1</sup>Issued November 3, 1938, pursuant to the authority conferred by section 3 (1) of the Fair Labor Standards Act of 1938 (52 Stat. 1060).

## READING NOTES

*State reports from  
offices of National  
Youth Administration*

To meet the need for a co-ordinated, Nation-wide body of occupational information

available to young persons, the various State offices of the National Youth Administration are making a series of occupational studies, under the supervision of Dr. Mary H. S. Hayes, national director of guidance and placement for the NYA.

In general, the purpose of these studies is to acquaint NYA project workers, students, and out-of-school young persons with the general requirements for employment in important industries in the several States. Some of these studies were noted in *The Child*, November 1938 (p. 113). Among other reports received recently are the following:

**Fruit and Vegetable Canning in California.** National Youth Administration, State of California, 1938. 41 pp. Mimeographed. (History of the industry, canning processes, description of plant, hazards, seasonality, and opportunities for beginners.)

**A Primer of Vocational Guidance.** National Youth Administration of Georgia, Atlanta, 1937. 67 pp. Mimeographed. (Chapter 1, An Introduction to Vocational Guidance, and chapter 4, Placement and Progress, are designed for the young worker as well as for the supervisor. The other material deals with the interview, job training, discovering employment possibilities, and statistics on intelligence distribution, and is designed primarily for the supervisor.)

**A Handbook of Pottery.** National Youth Administration of Georgia, Atlanta, December 1937. 34 pp. (Georgia clays are used in making semi-porcelain chinaware and in other ceramic industries throughout the country, the preface points out. Techniques of preparation and production are described, and recipes for glazing and designs for making a kiln are included.)

**Vocational Information; a series of monographs.** National Youth Administration of Georgia, Atlanta. Soil Science as an Occupation, 1937; 10 pp. Occupations in Plant Pathology, 1937; 10 pp. Beauty Culture as an Occupation, 1937; 20 pp. Power Sewing as an Occupation, 1937; 39 pp. A Bibliography of Source Materials on Occupations, 1938; 18 pp. Mimeographed.

**Restaurant Occupations.** National Youth Administration of Illinois, Chicago. Revised Sept. 15, 1938. 28 pp. Mimeographed.

**Milk Distribution.** National Youth Administration of Illinois, Chicago. Revised Oct. 27, 1938. 29 pp. Mimeographed.

**Garment Industry.** National Youth Administration of Illinois, Chicago. Revised Nov. 5, 1938. 36 pp. Mimeographed.

**The Vegetable Canning Industry.** National Youth Administration of Indiana, Indianapolis, July 1938. 74 pp. Mimeographed.

*Rural Youth and  
other WPA reports*

The Works Progress Administration has issued three recent reports with a bearing on the problems of young workers.

**Rural Youth: Their Situation and Prospects**, by Bruce L. Melvin and Elna N. Smith is based on a comprehensive survey of the field studies and general literature dealing with rural youth (Research Monograph XV, Works Progress Administration, Washington, 1938; 167 pp.). The report shows that, barring possible effects of change in immigration policy and assuming a constant death rate, there will be more youth 16 to 24 years of age in the United States about the period 1942 to 1944 than at any previous time; and that the number of young persons will begin to decrease shortly thereafter because the number of births per year has declined almost steadily since 1924.

The economic situation and educational status of rural youth, their marriage status, and their use of leisure time are considered. Governmental and nongovernmental agencies dealing with problems of rural youth are described (pp. 87-116). The report is freely illustrated with photographs, charts, and maps.

**Age of WPA Workers**, November 1937, by R. Nassimbene (Division of Social Research, Works Progress Administration, Washington, 1938; 20 pp.) is a statistical study showing that "about half of the 1,500,000 WPA workers in November 1937 were between the ages of 25 and 44 years, and the average age was 42.2 years. The youngest group--those under 25 years--accounted for 9 percent of total WPA employment." The WPA workers were about 2 years older, on the average, in November 1937 than in June 1936, and there were fewer workers under 25 years of age in proportion to workers of all ages.

The National Research Project, Works Progress Administration, has issued **Trends in Employment in Agriculture, 1909-36**, by Eldon E. Shaw and John A. Hopkins, as Report No. A-8 (Philadelphia, November

1939; 163 pp.). This report makes available for the first time a year-by-year measure of the average number of persons who worked on farms during the period 1909-36. The data are shown sep-

arately for hired workers and for owners and unpaid family workers. There is no discussion of the ages of the workers, nor of child agricultural workers.

## SOCIALLY HANDICAPPED CHILDREN

### VENEZUELA ENACTS CODE FOR MINORS

The Code for Minors of Venezuela, signed by the President on January 10, 1939, proclaims the duty of the State to supervise the general care and upbringing of neglected and wayward children under 18 years of age.

Except for a brief mention of prenatal centers, maternity homes, health centers, and other institutions for mothers and children which the Executive Government is directed to establish, the Code deals almost entirely with the protection of children under 18 years of age who are morally or physically neglected or endangered or who are accused of crimes or misdemeanors. Every citizen is required under penalty of law to report cases of such children coming to his attention. Institutions are to be established for the care, general education, and vocational guidance of these children.

Detailed measures are prescribed in the code for the establishment of juvenile courts in the

capital and other cities to deal with neglected and delinquent children under 18 years of age. The judge of the juvenile court is authorized to appoint advisory committees of physicians, lawyers, educators, and others for the study of court cases. An investigation of each case must precede the judge's decision as to necessary treatment.

A child under 18 years of age who is found to be morally or physically neglected may be left with his parents or placed in a foster home or in an institution. Children under 18 years of age who have committed crimes or misdemeanors may be committed to an institution to be specified by the judge of the juvenile court as described above or to a penal institution to be indicated by the corresponding department of the Federal Government. Appeal of the court's decision is permitted. The law will become effective when administrative regulations are issued.

*(Gaceta Oficial, Caracas, January 11, 1939.)*

### BOOK AND PERIODICAL NOTES

READINGS IN SOCIAL CASE WORK, 1920-38. Edited by Fern Lowry. Columbia University Press, New York. 1939. 810 pp. \$3.50.

This volume of selected reprints for the case-work practitioner and for students and teachers of social case work was published for the New York School of Social Work to meet a need for readily available reference material.

Groups of readings are given on basic philosophy, generic concepts in case-work practice, relation of practice to agency function and setting, functional interrelationships of case work and other social-work fields, the relation of social-work practice to its professional and social set-

ting, and relation of case-work practice to community and socioeconomic and cultural setting.

Most of the papers brought together here have appeared previously in the Proceedings of the National Conference of Social Work, in *Family*, or in one of the various periodicals devoted to social work or mental hygiene. An index to the 67 authors quoted is appended.

SOCIAL WORK YEAR BOOK 1939. Fifth issue. Russell Sage Foundation, New York. 730 pp. \$3.50.

This volume, which came from the press late in February, follows the general plan of its



predecessors, with one significant change. Introduced for the first time is a State-by-State description of the public-assistance programs in effect in the 48 States, with information as to old-age assistance, aid to the blind, aid to dependent children, State-aided or State-financed general relief to persons in their own homes, local relief, grants made by the Farm Security Administration, and employment under the Works Progress Administration.

Some of the material covered in the topical articles has been rearranged to bring together in a single article closely related subjects that have hitherto been treated separately. Two new subjects have been added: Administration of Social Agencies, and Social Action. Aside from these changes, the year book follows the pattern of previous years, with articles on the various phases of social service signed by authorities in their fields, reference lists, and a comprehensive directory of State and National social agencies under public and private auspices.

**BROTHERS IN CRIME**, by Clifford R. Shaw with the assistance of Henry D. McKay and James F. McDonald; special chapters by Harold B. Hanson, M. D., and Ernest W. Burgess, Ph.D. University of Chicago Press, Chicago. 1938. 364 pp. \$3.

This study comprises the results of examinations of five delinquent brothers by physicians, psychiatrists, psychologists, social workers, and sociologists. The case histories of the brothers from early childhood to adulthood were compiled from records of case-work agencies, courts, correctional institutions, schools, behavior clinics; from interviews with friends and relations of the brothers; and from autobiographical documents and personal interviews.

The study is presented as a piece of research suggesting "the relationship between delinquency and the culture conflicts which often confront

the immigrant family in the physically deteriorated and socially disorganized communities in large American cities."

**HOUSEKEEPING SERVICE FOR HOME CARE OF CHRONIC PATIENTS**, by Mary C. Jarrett. Division of Women's and Professional Projects, Works Progress Administration, New York. December 31, 1938. 74 pp. Mimeographed.

This is the report of a WPA project in New York City, October 1935 to July 1938, sponsored by the Department of Hospitals of the City of New York with the cooperation of the Henry Street Visiting Nurse Service and Committee on Chronic Illness of the Welfare Council of New York City.

The report covers selection of patients to receive the service, qualifications of the housekeeping aides, hours of service, investigation of cases by medical staff, and record keeping. A detailed description is given of the housekeeper aides, their duties, training, and methods of supervising them. Another section describes the patients who received the service, their living arrangements, occupations, nursing and medical care, and past hospitalization.

**OUR UNCHANGING GOAL: THE FAMILY**, by Stanley P. Davies. Family Welfare Association of America, 130 East Twenty-second St., New York. 1938. 24 pp. 20 cents.

In this paper the president of the Family Welfare Association of America points out that democracies, in contrast to autocracies, put their trust in the family. Although the family is changing and has lost part of its functions, other parts, especially the affectional role, have been strengthened. Most of the problems with which the welfare worker is called upon to deal lead back to the family and family relationships, and there was never a greater opportunity for the work of family-welfare agencies than there is today.

The Children's Bureau *does not distribute* the publications to which reference is made in **THE CHILD** except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

## OF CURRENT INTEREST

### PLANNING COMMITTEE OF THE WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY MEETS

A meeting of the planning committee of the White House Conference on Children in a Democracy was held in Washington, March 14, 1939, under the chairmanship of the Secretary of Labor. The principal topics of discussion were the program for the opening session of the conference to be held at the White House on April 26 and the general organization of the work. Secretary Perkins, who is chairman of the conference, has announced that this will be a working conference, with membership limited to persons who can participate actively.

Fred K. Hoehler, director of the American Public Welfare Association, who has served as chairman of a provisional executive committee appointed in January, made a report to the planning committee outlining suggestions for the organization of the conference. On the basis of this report it was decided to appoint two committees for the conference. A committee on organization and a committee on report. The meeting also approved the suggested organization of panels of consultants for the work of the conference under the general direction of the report committee.

Approval was given to a recommendation that the following officers be designated for the conference: Honorary Chairman, President Franklin D. Roosevelt; Honorary Vice Chairman, Mrs. Franklin D. Roosevelt; Chairman, Hon. Frances Perkins, Secretary of Labor; Vice Chairmen, Homer Folks, Secretary, State Charities Aid Association, New York; Dr. Frank P. Graham, President, University of North Carolina; Henry F. Helmholtz, M. D., Professor of Pediatrics, University of Minnesota Graduate School of Medicine; Right Rev. Msgr. Robert F. Keegan, Executive Director, Catholic Charities, Archdiocese of New York; Jacob Kepcs, Executive Director, Jewish Children's Bureau of Chicago; Josephine Roche, Chairman, Interdepartmental Committee to Coordinate Health and Welfare Activities, Washington; and Milburn L. Wilson, Under Secretary of Agriculture, Washington. Katharine F. Lenroot, Chief of the Children's Bureau, was designated executive secretary of the conference.

The entire membership, which will include approximately 500 men and women drawn from all

parts of the country and representatives of the various fields of interest, will be assigned as consultants to panels which will furnish information and advisory service on the wide range of problems with which the conference will be concerned.

Among the members of the conference will be a person appointed by the Governor of each of the States and Territories of the United States, in accordance with an invitation issued to Governors on February 27 by the Secretary of Labor. In the letter of invitation Secretary of Labor Perkins suggested that "the person designated should be a man or woman recognized throughout the State for his interest in conditions affecting children, preferably one who has participated in a voluntary or advisory capacity in State-wide programs affecting the health, education, or social welfare of children."

The session of the conference at the White House on April 26 will be limited to members of the committees and panels of consultants. Its major task will be to define the work of the conference and of the committees which will be responsible for assembling material and preparing recommendations for the final session in 1940.

In addition to the officers of the conference, the planning committee comprises the following persons:

Irvin Abell, M. D., Louisville, Ky. President, American Medical Association.

Grace Abbott, Professor of Public Welfare, School of Social Service Administration, University of Chicago, Chicago.

Fred L. Adair, M. D., Chicago. Chairman, American Committee on Maternal Welfare.

Mrs. H. W. Ahart, Lincoln, Calif. President, Associated Women of the American Farm Bureau Federation.

Arthur J. Altmeyer, Chairman, Social Security Board, Washington.

Frank Bane, Executive Director, Council of State Governments, Chicago.

Chester I. Barnard, President, New Jersey Bell Telephone Co., Newark, N. J.

James V. Bennett, Director, Bureau of Prisons, U. S. Department of Justice, Washington.

- M. O. Bousfield, M. D., Director for Negro Health, Julius Rosenwald Fund, Chicago.
- Allen T. Burns, Executive Vice President, Community Chests and Councils, Inc., New York.
- Dr. William G. Carr, Secretary, Educational Policies Commission, Washington.
- Dr. C. C. Carstens, Executive Director, Child Welfare League of America, New York.
- Oscar L. Chapman, Assistant Secretary of the Interior, Washington.
- Elisabeth Christman, Secretary-Treasurer, National Women's Trade Union League of America, Washington.
- Courtenay Dinwiddie, General Secretary, National Child Labor Committee, New York.
- Mrs. Saidie Orr Dunbar, Portland, Oreg. President, General Federation of Women's Clubs.
- Mrs. Gladys Talbott Edwards, Jamestown, N. Dak. Director of Junior Department, Farmers Educational and Cooperative Union of America.
- Martha M. Eliot, M. D., Assistant Chief, Children's Bureau, U. S. Department of Labor, Washington.
- Charles F. Ernst, Director, State Department of Social Security, Olympia, Wash.
- Frank P. Fenton, Director of Organization, American Federation of Labor, Washington.
- Dr. Sidney E. Goldstein, New York. Chairman, Committee on Marriage, the Family, and the Home, Central Conference of American Rabbis, New York.
- Dr. Ben G. Graham, Superintendent of Schools, Pittsburgh, Pa.
- Harry Greenstein, Executive Director, Associated Jewish Charities, Baltimore, Md. President, American Association of Social Workers.
- Clifford G. Grulee, M. D., Evanston, Ill. Secretary and Treasurer, American Academy of Pediatrics.
- Dr. H.E. Hendrix, Phoenix Ariz. Chairman, Council of Chief State School Officers.
- T. Arnold Hill, Director, Department of Industrial Relations, National Urban League, New York.
- William Hodson, Commissioner of Public Welfare of the City of New York.
- Fred K. Hoehler, Director, American Public Welfare Association, Chicago.
- Jane M. Hoey, Director, Bureau of Public Assistance, Social Security Board, Washington.
- Hon. Harry L. Hopkins, Secretary of Commerce, Washington.
- Dr. Charles S. Johnson, Director, Department of Social Science, Fisk University, Nashville, Tenn.
- Dr. F. Ernest Johnson, Executive Secretary, Department of Research and Education, Federal Council of Churches of Christ in America, New York.
- Rev. George Johnson, Director, Department of Education, National Catholic Welfare Conference, Washington.
- Alice V. Keliher, Chairman, Commission on Human Relations, Progressive Education Association, New York.
- Paul Kellogg, Editor, Survey Associates, New York.
- Dr. Solomon Lowenstein, Executive Vice President, Federation for the Support of Jewish Philanthropic Societies of New York City.
- Philip Murray, Chairman, Steel Workers Organizing Committee, Pittsburgh, Pa.
- Right Rev. Msgr. Thomas J. O'Dwyer, Executive Director, Catholic Welfare Bureau of Los Angeles and San Diego, Los Angeles, Calif.
- Right Rev. Msgr. John O'Grady, Secretary, National Conference of Catholic Charities, Washington.
- Edward A. O'Neai, President, American Farm Bureau Federation, Chicago.
- Dr. Frederick Douglas Patterson, President, Tuskegee Institute, Tuskegee Institute, Ala.
- Thomas Parran, M. D., Surgeon General, United States Public Health Service, Washington.
- Mrs. J. K. Pettengill, President, National Congress of Parents and Teachers, Washington.
- James S. Plant, M. D., Director, Essex County Juvenile Clinic, Newark, N. J.
- Langley Porter, M. D., Dean of the Medical School, University of California, Berkeley, Calif.
- Emma C. Puschner, Director, National Child Welfare Division, American Legion, Indianapolis, Ind.
- Dr. Homer P. Hainey, Director, American Youth Commission, Washington. (President-elect of the University of Texas.)
- Right Rev. Msgr. Michael J. Heady, General Secretary, National Catholic Welfare Conference, Washington.
- Agnes G. Regan, Executive Secretary, National Council of Catholic Women, Washington.
- Grace Ross, R. N., President, National Organization for Public Health Nursing, New York.
- Gay B. Shepperson, Administrator, Works Progress Administration of Georgia, Atlanta.
- Dr. Louise Stanley, Chief, Bureau of Home Economics, U. S. Department of Agriculture, Washington.
- Mrs. Nathan Straus, Valhalla, N. Y. Member, Board of Directors of New York Section, National Council of Jewish Women.
- Dr. John W. Studebaker, Commissioner of Education, U. S. Department of the Interior, Washington.
- Louis J. Taber, Columbus, Ohio. Master, National Grange.
- Felix J. Underwood, M. D., Executive Officer, State Board of Health, Jackson, Miss. President, Conference of State and Provincial Health Authorities of North America.
- Lillian D. Wald, Saugatuck, Conn. President, Board of Directors, Henry Street Settlement, New York.
- Dr. James E. West, Chief Scout Executive, Boy Scouts of America, New York.

Aubrey Williams, Administrator, National Youth Administration, Washington.

Dr. Abel Wolman, Johns Hopkins University, Baltimore, Md. President, American Public Health Association.

Owen D. Young, Chairman of Board, General Electric Co., New York. Acting Chairman, American Youth Commission.

Dr. George F. Zook, President, American Council on Education, Washington.

### CONFERENCE CALENDAR -

- |               |   |                |   |
|---------------|---|----------------|---|
| Apr. 19       | International Association for Prevention of Blindness. Annual meeting, Paris. Secretariat: 66 Boulevard Saint-Michel, Paris. American headquarters: 50 West Fiftieth St., New York. | June 26-29     | National Tuberculosis Association. Thirty-fifth annual meeting, Boston. Permanent headquarters: 50 West Fiftieth St., New York.   |
| Apr. 20       | Conference of State and Territorial Health Officers with United States Children's Bureau. Washington.   | June 26-July 2 | Eighth Pan American Child Congress. San Jose, Costa Rica.   |
| Apr. 24-25    | Conference of State and Territorial Health Officers with United States Public Health Service. Washington.   | June 27-29     | National Conference on Maternity and Child Welfare. London. (See p.207).  |
| Apr. 24-29    | National League for Nursing Education. Annual meeting, New Orleans.   | July 2-6       | National Education Association. Seventy-seventh annual convention, San Francisco. For reservations write to Chairman, N.E.A. Housing Committee, 200 Exposition Auditorium, San Francisco, Calif.  |
| Apr. 27-29    | American Pediatric Society. Skytop Lodge, Skytop, Pa.   | July 8-15      | International Federation for Housing and Town Planning. Stockholm, Sweden.  |
| Apr. 30-May 4 | National Congress of Parents and Teachers. Annual convention, Cincinnati, Ohio.   | July 16-22     | Fourth World Congress of Workers for the Crippled, Bedford College, London. Joint auspices of the International Society for Crippled Children (Elyria, Ohio) and the English Central Council for Care of Cripples. Information on sailings: H. W. Roden, Travel Bureau, Mellon National Bank, Pittsburgh, Pa. |
| May 8-14      | General Federation of Women's Clubs. Council meeting, San Francisco.  | July 17-21     | American Dental Association. Annual meeting, Milwaukee.   |
| May 15-19     | American Medical Association. Ninetieth annual meeting, St. Louis.  | Aug. 6-11      | World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro. S. S. Rotterdam summer cruise sailing from New York July 5 and from New Orleans July 10, return to New York August 27. Permanent headquarters: 1201 Sixteenth St. NW., Washington, D. C.                                |
| May 15-20     | Fourth International Congress of Comparative Pathology. Rome, Italy.  | Aug. 14-18     | National Medical Association. New York.   |
| May 20-24     | Florence Crittenton League. Fifty-sixth National Florence Crittenton Conference, Boston. Headquarters: 88 Tremont St., Boston.  | Sept. 11-15    | American Congress on Obstetrics and Gynecology. Sponsored by American Committee on Maternal Welfare. Cleveland.   |
| June 13-25    | National Conference of Social Work. Sixty-fifth annual session, Buffalo, N. Y. General Secretary: Howard R. Knight, 82 North High St., Columbus, Ohio.                              |                |   |
| June 20-22    | American Public Welfare Association. Buffalo, N. Y.   |                |   |
| June 20-23    | American Home Economics Association. Thirty-second annual meeting, San Antonio, Tex.  |                |   |

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# Social Statistics

Supplement Number 3, March 1939

to

THE CHILD—Monthly News Summary  
Volume 3, Number 9



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# SOCIAL - STATISTICS SUPPLEMENT

Number 3

March 1939

TO

THE CHILD, MONTHLY NEWS SUMMARY, VOLUME 3, NUMBER 9

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The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

## CRIPPLED CHILDREN ON STATE REGISTERS

AS REPORTED BY STATE AGENCIES ADMINISTERING SERVICES FOR CRIPPLED CHILDREN  
UNDER THE SOCIAL SECURITY ACT

The crippled children's program provided for under title V, part 2, of the Social Security Act is now operating in all 48 States, Alaska, Hawaii, and the District of Columbia. As one of the basic records required in the operation of the program each State is expected to build up and maintain a register of all resident children under 21 years of age with crippling conditions within the diagnostic specifications of the approved "State plan." This register is not to be limited to children accepted for care by the official State agency but is to include *all* crippled children diagnosed by a licensed physician, regardless of their economic status, their need for medical care, or the availability of treatment.

The State registers provide important descriptive information such as the sex, age, and race distribution of the children and the types of crippling conditions. When completed they should for the first time provide an answer to the question "How many crippled children are there in the United States?"

### *Estimates of Total Number of Crippled Children*

In spite of many surveys that have been made in various States and local communities, it is at present possible to estimate the number of crippled children in the United States but roughly. The White House Conference on Child Health and Protection, 1930, recognizing the limitations on quantitative material then available, estimated that, depending on the type of crippling conditions covered, there were roughly 300,000 or 368,000 crippled children in the United States.<sup>1</sup> More recent material (1935-36) made available through the National Health Survey has supported the use of an estimate of about 330,000 children with impairments of an orthopedic nature.<sup>2</sup>

The registration of crippled children under the Social Security Act has not yet progressed far

enough in all States to give a complete count of crippled children. A number of States are approaching complete registration, however. On the assumption that the States showing the highest ratios of crippled children to population under 21 fall in this class, a rate has been calculated for the group of 10 States having the highest rates of crippled children registered as of June 30, 1938. By applying this rate to the population under 21 in the country as a whole, therefore, it is possible to arrive at an independent estimate of the number of crippled children in the United States. This approach indicates a ratio of 7.3 per 1,000 population under 21 years of age and an estimate of approximately 365,000 crippled children in continental United States.<sup>3</sup> It therefore tends to confirm the dependability of the earlier estimates mentioned and supports the use of a figure substantially above 300,000. As is pointed out in a later section, the State registers at present are made up almost exclusively of children with impairments of an orthopedic or plastic nature.

The registers undoubtedly include some names that will be eliminated as the registers are further refined; on the other hand, many more names will be added as the registers are completed. Since it is believed that, even in the 10 States where the ratio of registered crippled children to population under 21 is highest, additions to the registers will, on the whole, exceed deletions, the estimate is considered to be conservative.

### *Status of Registration as of June 30, 1938*

The material presented in the present article is based on regular quarterly reports by States on the number of children registered and on special State reports on the composition of each register

<sup>1</sup>White House Conference on Child Health and Protection: *The Handicapped Child*. Century Co., New York. 1933. Pp. 133-136.

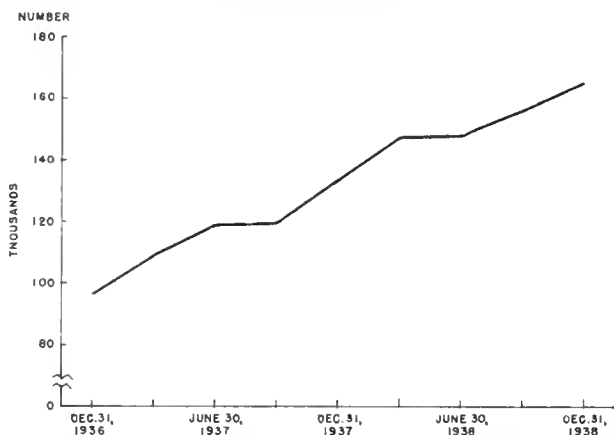
<sup>2</sup>National Health Survey: *Sickness and Medical Care Series*, Bull. No. 4, *The Prevalence and Causes of Orthopedic Impairments*. Division of Public Health Methods, National Institute of Health,

U. S. Public Health Service, Washington, 1938. Estimates for children 15 years of age and over have been made on the basis of rates published in table 2 and appendix table B of the National Health Survey bulletin.

<sup>3</sup>Although the population of Alaska and Hawaii has not been included in arriving at this estimate, these Territories are participating in the crippled children's program. The analysis presented in the following pages includes material reported by these Territories.

at the end of June 1938, when 46 States,<sup>4</sup> Alaska, Hawaii, and the District of Columbia reported a total of 146,506 crippled children on the State registers. On December 31, 1936, the total for the 36 States reporting was 97,000; the total for

CHART 1.—NUMBER OF CRIPPLED CHILDREN ON STATE REGISTERS AS REPORTED QUARTERLY  
DECEMBER 31, 1936—DECEMBER 31, 1938  
(EXPANDING AREA)



June 30, 1937 (39 States), was 119,000; and the total for December 31, 1938 (50 States), was nearly 165,000. The June 1938 figure, therefore, although admittedly incomplete, represents a considerable advance over the total obtained from

Table 1.—Number of crippled children on State registers as reported quarterly, December 1936 - December 1938

Date	States reporting <sup>a</sup> (expanding area)	Number
Dec. 31, 1936.....	36	97,363
Mar. 31, 1937.....	37	109,344
June 30, 1937.....	39	119,120
Sept. 30, 1937.....	43	119,653
Dec. 31, 1937.....	44	132,826
Mar. 31, 1938.....	47	146,462
June 30, 1938.....	49	146,506
Sept. 30, 1938.....	50	155,899
Dec. 31, 1938.....	50	164,798

<sup>a</sup>Includes the District of Columbia and the Territories of Alaska and Hawaii.

earlier reports received since the passage of the Social Security Act (see chart 1 and table 1). The increase in the number of children registered

<sup>4</sup>Texas and Louisiana did not report. Texas had not yet established a register and Louisiana at that time was not participating in the crippled children's program under the Social Security Act.

has come in spite of the checking and refining of many State registers through the diagnosis of cases not previously diagnosed by a licensed physician and through the elimination of duplicate registrations and of names of children who were improperly registered or who had reached the age of 21 years.

#### Variations in State Registers

The numbers of crippled children reported on the various State registers as of June 30, 1938, given in table 5<sup>5</sup> (page 8), range from 156 in Alaska to 14,265 in North Carolina. In chart 2 the

CHART 2.—NUMBER OF CRIPPLED CHILDREN ON STATE REGISTERS, JUNE 30, 1938,  
PER 1,000 POPULATION UNDER 21 YEARS OF AGE (1930 CENSUS), BY STATES<sup>5</sup>



<sup>5</sup>LOUISIANA HAD NO PLAN IN OPERATION AND TEXAS HAD NO OFFICIAL REGISTER AS OF THIS DATE.

numbers registered are shown per 1,000 population under 21 years of age as reported in the 1930 census. These rates range from 0.5 in Connecticut to

<sup>5</sup>Tables 1 through 4 are summary tables for the country as a whole, and tables 5 through 8 present comparable data by individual States.



8.8 in North Carolina. The rate for the entire group of 46 States, Alaska, Hawaii, and the District of Columbia was 3.2.

The variations in the ratios of registered crippled children to child population reflect primarily differences in the completeness of the respective State registers, as explained below. A second important factor is the lack of uniformity in the definition of a "crippled child." Although true variations in the incidence of crippling doubtless exist, their influence is negligible in comparison with the other factors.

The completeness of the respective State registers may be influenced to some extent by the maturity of the State programs, a few of which have been in operation many years. Although 35 States had made some provision for the care and treatment of crippled children prior to the passage of the Social Security Act, the amounts of money were very inadequate in some of these States, and only 12 had State-wide programs of the type made possible under the act.<sup>6</sup> In a few States the delay in the registration in large metropolitan areas has resulted in comparatively low rates of crippled children registered.

The term "crippled children" is variously defined in the several States. A review of State laws reveals differences extending from a definition limiting services to children with motor disabilities to a broad definition under which services may be made available to all physically handicapped children except children whose chief disability is incurable blindness or deafness, or who are mentally deficient. A few States specifically include conditions such as rheumatic heart disease and diabetes. Children having abnormalities requiring permanent custodial care have been considered beyond the scope of the State programs.

<sup>6</sup>These States were Florida, Kentucky, Michigan, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Vermont, West Virginia, and Wisconsin.

Among the other factors affecting the completeness of the State registers were the amounts of State and local funds available for matching Federal funds, the effort directed by the official agency to the location of crippled children, the cooperation of other agencies and of private physicians in reporting crippled children, State policies with respect to ages of children accepted for care, and the strictness of the requirements for admission to the register. Although diagnosis by a licensed physician is now a prerequisite for registration in all States and although undiagnosed cases made up only 4 percent of the total on June 30, 1938, the percentage of undiagnosed cases in a few States was substantial.

#### *Distribution by Principal Types of Diagnosis*

The inclusion on the register of an overwhelming preponderance of children with orthopedic or plastic conditions is evident from table 2.

**Table 2.—Number of crippled children on State registers, by type of diagnosis, June 30, 1938**

Diagnosis	Children	
	Number	Percent
<b>Total.....</b>	<b>146,506</b>	<b>.....</b>
<b>Diagnosis reported.....</b>	<b>140,007</b>	<b>100</b>
Orthopedic or plastic conditions.....	136,081	97
Other crippling conditions.....	3,926	3
<b>Diagnosis not reported.....</b>	<b>6,499</b>	<b>.....</b>

Approximately 97 percent of all children on State registers, for whom there is a diagnosis by a licensed physician, have orthopedic or plastic impairments resulting from congenital malformations such as cleft palate, harelip, and club-foot; from birth injuries; from cerebral palsy; from infectious diseases such as poliomyelitis, osteomyelitis, tuberculosis of bone or joint; from accidents, and so forth. Three percent have other types of crippling conditions.

The figures in table 5 (page 8) show the variations in the general types of crippling conditions for which children are included on the various State registers. Eleven States include orthopedic or plastic conditions only, whereas in 5 States more than 10 percent of the children registered are classified as having crippling conditions not of an orthopedic or plastic nature.

#### *Distribution by Sex*

Of the total number of crippled children reported by all States, approximately 55 percent are boys and 45 percent are girls. In the 1930 census, on the other hand, the percentages of boys and of girls under 21 in the population were about equal (50.4 and 49.6, respectively).

Table 6 (page 9) shows some variation in the percentages of boys and of girls on the registers of the several States; but without exception there are more boys than girls. The percentage of boys ranges from 50 (50.5) in New York to 60 in Arkansas, Georgia, and Hawaii.

### Distribution by Age

The number and percentage of registered crippled children in each of the various age groups are shown in table 3, together with the percentage distribution of children in the same age groups in the general population. These figures indicate

**Table 3.--Age distribution of crippled children on State registers June 30, 1938, and of general population under 21 years of age, 1930 census**

Age group	Children		Percent of general population under 21
	Number	Percent	
Total.....	146,506	.....	.....
Age reported.....	143,533	100	100
Under 1 year.....	3,308	2	4
1 year, under 5...	20,887	15	19
5 years, under 10.	33,531	23	25
10 years, under 15	42,827	30	24
15 years, under 20	36,613	26	23
20 years, under 21	6,367	4	5
Age not reported...	2,973	.....	.....

that only 17 percent of the crippled children registered are under 5 years of age, whereas fully 30 percent fall in the age group 10 years but under 15. The following tabulation of cumulative percentages also reveals differences in the distribution by age groups of registered crippled children and of children in the general population:

#### Cumulative percent distribution

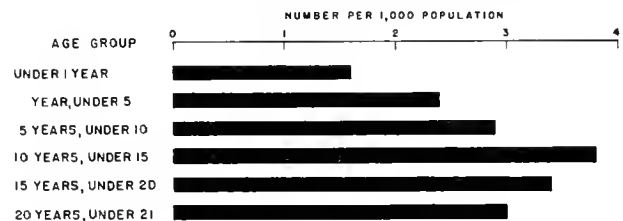
Age group	Crippled children on State registers June 30, 1938	General population under 21 (1930 census)
Under 1 year.....	2	4
Under 5 years.....	17	23
Under 10 years.....	40	48
Under 15 years.....	70	72
Under 20 years.....	96	95
Under 21 years.....	100	100

Comparison of the age distribution of registered crippled children with that of the entire population under 21 in 1930 shows that infants and younger children are not yet proportionately represented on the registers of crippled children. Children under 10 years of age make up 48 percent of the total child population, but only 40 percent of the children registered as crippled.

The difference between the age distribution of registered crippled children and that of

children in the general population is illustrated in chart 3. Crippled children on the register include 1.6 children under 1 year of age for every 1,000 children of the same age in the general population. The corresponding rate for children 1 year but under 5 is 2.4 and for children 5 years but under 10, 2.9; the rates for crippled children 10 years but under 15, 15 years but under 20, and 20 years but under 21 are 3.8, 3.4, and 3.0, respectively. Although the low rates for very young children may reflect to some extent the smaller number of annual births since 1930 and consequent smaller number of children in the lower age groups, the extent of the variations indicates that differences in the incidence of crippling may have been operative. An unintentional selective emphasis in locating crippled children or in compiling the registers may also have been operating.

**CHART 3--NUMBER OF CRIPPLED CHILDREN IN SPECIFIED AGE GROUPS ON STATE REGISTERS, JUNE 30, 1938, PER 1,000 POPULATION IN SAME AGE GROUPS (1930 CENSUS)**



Thus, since State agencies have not yet perfected their procedures for obtaining information from birth certificates, the number of congenital deformities and birth injuries may be understated in the younger age groups.

When the figures for crippled children on the various State registers are analyzed, wide variations are found in the proportions classified in the several age groups (table 7). The proportion of the total number of children registered who are under 1 year of age varies from less than 0.5 percent in Idaho, Massachusetts, and Rhode Island to 14 percent in New Jersey and Ohio; the proportion in the age group 1 year but under 5, from 5 percent in Massachusetts and Nevada to 28 percent in Kentucky; in the age group 5 years but under 10, from 15 percent in Massachusetts to 43 percent in Ohio; in the age group 10 years but under 15, from 13 percent in Ohio to 49 percent in Virginia; in the age group 15 years but under 20, from 8 percent in Ohio to 40 percent in Washington; among children 20 but under 21 years of age, from none

in Virginia to 12 percent in North Carolina. The reasons for the variations are manifold and in many cases reflect restrictions operative under State laws, local practices, or activities of various organizations. The unusually high proportion of infants on the register in New Jersey and in Ohio (both 14 percent) apparently results from the fact that crippling conditions diagnosed at birth are reported to the State agency on birth certificates as a matter of routine. The unusually low proportions of children 15 years of age and over in Kentucky (10 percent) and in Ohio (8 percent) result apparently, at least in part, from the fact that 17 is the age limit above which children may not be accepted for care by the State agencies. Although the registers are intended to include all crippled children under 21 years of age regardless of the age limit that may be observed by the State in providing treatment, it is evident that such limits have had an effect on the composition of the registers.

#### Distribution by Race

The data presented in table 4 indicate that whereas 88 percent of the total population under 21 years of age was classified in the 1930 census

**Table 4.--Race distribution of crippled children on State registers June 30, 1938, and of general population under 21 years of age, 1930 census**

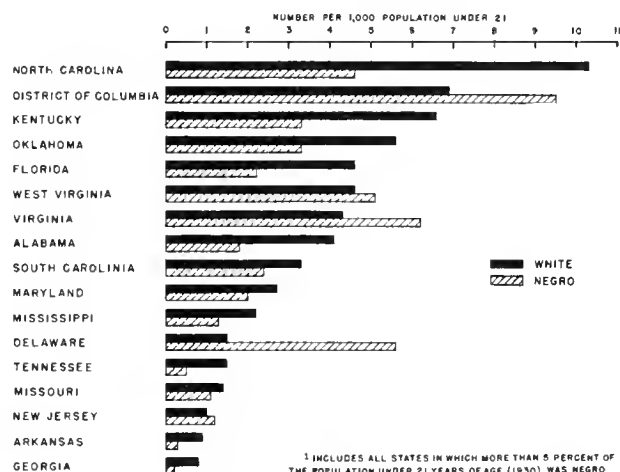
Race	Children		Percent of general population under 21
	Number	Percent	
Total.....	146,506	.....	.....
Race reported.....	141,205	100	100
White.....	128,648	91	88
Negro.....	10,272	7	10
Other.....	2,285	2	2
Race not reported..	5,301	.....	.....

as white, 10 percent as Negro, and 2 percent as "other," approximately 91 percent of the crippled children on State registers in June 1938 were white, 7 percent were Negro, and 2 percent were classified as "other." This comparison indicates that approximately one-third fewer Negroes were included on the registers of crippled children than would be included if Negroes were proportionately represented on the registers. Table 8

shows the racial distribution of registered crippled children by States.

In chart 4 is shown the number of white and Negro crippled children registered per 1,000 population of these races under 21 years of age for all States in which more than 5 percent of the population under 21 years of age in 1930 was Negro. In a number of these States the rate for crippled Negro children on the registers was less than two-thirds of the rate for crippled white children. On the other hand the rate for crippled Negro children on the registers in certain other States exceeded the rate for crippled white children.

**CHART 4.—NUMBER OF WHITE AND NEGRO CRIPPLED CHILDREN ON STATE REGISTERS, JUNE 30, 1938, PER 1,000 POPULATION OF THESE RACES UNDER 21 YEARS OF AGE (1930 CENSUS) FOR SELECTED STATES<sup>1</sup>**



In 1930 the number of children under 21 years of age of races other than white or Negro constituted 5 percent or more of the total number of children of these ages in nine States only. The ratios of registered crippled children of "other" races per 1,000 population under 21 years of age in these States are shown below in comparison with the ratios for all races in these States:

*Crippled children on State registers, June 30, 1938, per 1,000 population under 21 years of age (1930 census)*

State	All races	Races other than white or Negro
Alaska.....	6.7	7.7
Arizona.....	3.7	3.4
California.....	1.6	1.0
Colorado.....	2.8	0.1
Hawaii.....	5.0	4.9
Nevada.....	6.9	3.0
New Mexico.....	4.5	(a)
Oklahoma.....	5.3	2.5
Wyoming.....	5.1	1.9

<sup>a</sup> Less than 0.05.

Table 5.--Number of crippled children on State registers, by type of diagnosis, and by States, June 30, 1938

State <sup>a</sup>	Total number	Diagnosis reported			Diagnosis not reported
		Number	Percent distribution		Number
			Orthopedic or plastic conditions	Other crippling conditions	
Total.....	146,506	140,007	97	3	6,499
Alabama <sup>b</sup> .....	4,346	4,243	99	1	103
Alaska.....	156	122	87	13	34
Arizona.....	704	704	100	(c)	.....
Arkansas.....	655	595	97	3	60
California.....	2,920	2,920	80	20	.....
Colorado.....	1,163	1,163	100	.....	.....
Connecticut.....	280	277	97	3	3
Delaware.....	192	163	100	.....	29
District of Columbia...	1,130	1,130	63	37	.....
Florida.....	2,309	2,301	98	2	8
Georgia.....	860	806	97	3	.....
Hawaii.....	884	884	94	6	.....
Idaho.....	862	842	98	2	20
Illinois <sup>d</sup> .....	2,780	2,512	100	.....	268
Indiana.....	2,781	2,781	100	.....	.....
Iowa.....	3,505	3,505	99	1	.....
Kansas.....	4,617	4,617	99	1	.....
Kentucky.....	7,590	7,590	100	.....	.....
Maine.....	1,350	1,338	97	3	12
Maryland.....	1,637	1,637	99	1	.....
Massachusetts.....	7,041	4,944	99	1	2,097
Michigan.....	14,225	12,723	99	1	1,502
Minnesota.....	7,083	6,442	92	8	641
Mississippi.....	1,693	1,603	93	7	90
Missouri.....	1,816	1,816	95	5	.....
Montana.....	1,355	1,355	99	1	.....
Nebraska.....	1,385	1,263	94	6	122
Nevada.....	209	172	83	17	37
New Hampshire.....	1,174	1,159	96	4	15
New Jersey.....	1,506	1,506	100	.....	.....
New Mexico.....	932	932	91	9	.....
New York.....	9,346	9,219	100	(c)	127
North Carolina.....	14,265	14,080	96	4	185
North Dakota.....	1,557	1,557	93	7	.....
Ohio.....	3,645	3,612	95	5	33
Oklahoma.....	5,860	5,860	100	.....	.....
Oregon.....	254	254	100	.....	.....
Pennsylvania.....	4,254	4,195	95	5	59
Rhode Island.....	1,668	1,420	94	6	248
South Carolina.....	2,974	2,647	97	3	327
South Dakota.....	791	791	89	11	.....
Tennessee.....	1,550	1,550	100	.....	.....
Utah.....	985	864	96	4	121
Vermont.....	994	994	100	.....	.....
Virginia.....	5,385	5,385	100	.....	.....
Washington.....	2,056	2,056	99	1	.....
West Virginia.....	3,878	3,796	98	2	82
Wisconsin.....	7,435	7,164	99	1	271
Wyoming.....	469	464	100	(c)	5

<sup>a</sup> Louisiana and Texas did not report. Texas had not yet established a register and Louisiana was not participating in the crippled children's program under the Social Security Act.

<sup>b</sup> Included 397 children for whom eligibility had not been determined as of June 30, 1938.

<sup>c</sup> Less than 0.5 of one percent.

<sup>d</sup> As of September 30, 1938.

Table 6.--Sex of crippled children on State registers, by State, June 30, 1938

State <sup>a</sup>	Total number	Sex reported			Sex not reported
		Number	Percent distribution		
			Boys	Girls	Number
Total.....	146,506	146,115	55	45	391
Alabama <sup>b</sup> .....	4,346	4,332	58	42	14
Alaska.....	156	154	56	44	2
Arizona.....	704	704	57	43	.....
Arkansas.....	655	655	60	40	.....
California.....	2,920	2,788	55	45	132
Colorado.....	1,163	1,163	54	46	.....
Connecticut.....	280	280	54	46	.....
Delaware.....	192	186	51	49	6
District of Columbia.....	1,130	1,128	54	46	2
Florida.....	2,309	2,309	55	45	.....
Georgia.....	860	860	60	40	.....
Hawaii.....	884	883	60	40	1
Idaho.....	862	862	55	45	.....
Illinois <sup>c</sup> .....	2,780	2,765	56	44	15
Indiana.....	2,781	2,780	53	47	1
Iowa.....	3,505	3,505	54	46	.....
Kansas.....	4,617	4,605	55	45	12
Kentucky.....	7,590	7,590	55	45	.....
Maine.....	1,350	1,350	53	47	.....
Maryland.....	1,637	1,637	54	46	.....
Massachusetts.....	7,041	7,025	55	45	16
Michigan.....	14,225	14,225	53	47	.....
Minnesota.....	7,083	7,040	55	45	43
Mississippi.....	1,693	1,693	58	42	.....
Missouri.....	1,816	1,816	57	43	.....
Montana.....	1,355	1,340	53	47	15
Nebraska.....	1,385	1,385	58	42	.....
Nevada.....	209	209	56	44	.....
New Hampshire.....	1,174	1,167	56	44	7
New Jersey.....	1,506	1,506	52	48	.....
New Mexico.....	932	932	53	47	.....
New York.....	9,346	9,335	50	50	11
North Carolina.....	14,265	14,229	56	44	36
North Dakota.....	1,557	1,555	52	48	2
Ohio.....	3,645	3,645	54	46	.....
Oklahoma.....	5,860	5,807	58	42	53
Oregon.....	254	254	59	41	.....
Pennsylvania.....	4,254	4,254	52	48	.....
Rhode Island.....	1,668	1,668	53	47	.....
South Carolina.....	2,974	2,969	56	44	5
South Dakota.....	791	791	53	47	.....
Tennessee.....	1,550	1,546	57	43	4
Utah.....	985	985	58	42	.....
Vermont.....	994	994	54	46	.....
Virginia.....	5,385	5,385	54	46	.....
Washington.....	2,056	2,056	53	47	.....
West Virginia.....	3,878	3,867	55	45	11
Wisconsin.....	7,435	7,435	53	47	.....
Wyoming.....	469	466	55	45	3

<sup>a</sup>Louisiana and Texas did not report. Texas had not yet established a register and Louisiana was not participating in the crippled children's program under the Social Security Act.

<sup>b</sup>Included 397 children for whom eligibility had not been determined as of June 30, 1938.

<sup>c</sup>As of September 30, 1938.

Table 7.--Age of crippled children on State registers, by State, June 30, 1938

State <sup>a</sup>	Total number	Number	Age reported						Age not re-ported- Number
			Percent distribution						
			Under 1 year	1 year, under 5	5 years, under 10	10 years, under 15	15 years, under 20	20 years, under 21	
Total.....	146,506	143,533	2	15	23	30	26	4	2,973
Alabama <sup>b</sup> .....	4,346	4,194	2	17	28	28	22	3	152
Alaska.....	156	143	1	10	33	31	20	5	13
Arizona.....	704	702	1	13	28	30	25	3	2
Arkansas.....	655	590	4	27	24	28	14	3	65
California.....	2,920	2,655	1	12	21	32	30	4	265
Colorado.....	1,163	1,163	1	12	22	30	28	7	.....
Connecticut.....	280	280	5	19	29	25	20	2	.....
Delaware.....	192	186	4	18	32	29	15	2	6
District of Columbia	1,130	1,106	1	13	22	39	24	1	24
Florida.....	2,309	2,303	2	17	24	32	24	1	6
Georgia.....	860	860	1	12	25	34	26	2	.....
Hawaii.....	884	877	4	17	22	30	23	4	7
Idaho.....	862	860	(c)	16	21	31	29	3	2
Illinois <sup>d</sup> .....	2,780	2,668	1	17	20	29	28	5	112
Indiana.....	2,781	2,654	3	19	27	31	19	1	327
Iowa.....	3,505	3,505	9	19	22	27	17	6	.....
Kansas.....	4,617	4,570	1	14	22	28	30	5	47
Kentucky.....	7,590	7,540	6	28	30	26	10	(c)	50
Maine.....	1,350	1,327	2	21	28	29	17	3	23
Maryland.....	1,637	1,637	1	19	27	32	19	2	.....
Massachusetts.....	7,041	6,768	(c)	5	15	34	38	8	273
Michigan.....	14,225	14,159	1	14	22	30	30	3	66
Minnesota.....	7,083	7,054	1	10	21	29	33	6	29
Mississippi.....	1,693	1,693	6	19	27	27	18	3	.....
Missouri.....	1,816	1,816	4	19	26	27	22	2	.....
Montana.....	1,355	1,263	2	12	23	28	30	5	92
Nebraska.....	1,385	1,375	2	17	32	33	15	1	10
Nevada.....	209	208	4	5	32	36	19	4	1
New Hampshire.....	1,174	1,117	1	15	28	31	22	3	57
New Jersey.....	1,506	1,506	14	20	21	23	20	2	.....
New Mexico.....	932	892	1	15	23	36	19	6	40
New York.....	9,346	9,164	1	13	24	29	30	3	182
North Carolina.....	14,265	13,843	1	10	19	29	29	12	422
North Dakota.....	1,557	1,515	1	17	22	32	25	3	42
Ohio.....	3,645	3,645	14	22	43	13	8	(c)	.....
Oklahoma.....	5,860	5,848	1	15	28	24	27	5	12
Oregon.....	254	253	2	11	22	29	34	2	1
Pennsylvania.....	4,254	4,212	1	17	26	33	23	(c)	42
Rhode Island.....	1,668	1,634	(c)	10	25	32	27	6	34
South Carolina.....	2,974	2,522	3	16	22	30	23	6	452
South Dakota.....	791	789	1	17	22	26	27	7	2
Tennessee.....	1,550	1,526	1	15	27	33	22	2	24
Utah.....	985	985	3	15	22	32	27	1	.....
Vermont.....	994	879	1	17	26	29	23	4	115
Virginia.....	5,385	5,385	4	15	17	49	15	.....	.....
Washington.....	2,056	2,048	1	10	16	26	40	7	8
West Virginia.....	3,878	3,715	1	13	25	32	25	4	163
Wisconsin.....	7,435	7,435	3	13	22	28	28	6	.....
Wyoming.....	469	464	1	12	23	27	33	4	5

<sup>a</sup>Louisiana and Texas did not report. Texas had not yet established a register and Louisiana was not participating in the crippled children's program under the Social Security Act.

<sup>b</sup>Included 397 children for whom eligibility had not been determined as of June 30, 1938.

<sup>c</sup>Less than 0.5 of one percent.

<sup>d</sup>As of September 30, 1938.

Table 8.--Race of crippled children on State registers, by State, June 30, 1938

State <sup>a</sup>	Total number	Race reported				Race not reported Number
		Number	Percent distribution			
			White	Negro	Other	
Total.....	146,506	141,205	91	7	2	5,301
Alabama <sup>b</sup> .....	4,346	4,229	81	19	(c)	117
Alaska.....	156	156	15	.....	85	.....
Arizona.....	704	704	58	1	41	.....
Arkansas.....	655	655	88	12	.....	.....
California.....	2,920	2,137	86	1	13	783
Colorado.....	1,163	1,163	99	1	(c)	.....
Connecticut.....	280	280	99	1	.....	.....
Delaware.....	192	186	62	38	.....	6
District of Columbia.....	1,130	1,116	63	37	(c)	14
Florida.....	2,309	2,309	83	17	.....	.....
Georgia.....	860	860	85	15	.....	.....
Hawaii.....	884	884	21	.....	79	.....
Idaho.....	862	862	100	(c)	(c)	.....
Illinois <sup>d</sup> .....	2,780	2,780	91	2	7	.....
Indiana.....	2,781	2,604	96	4	.....	177
Iowa.....	3,505	3,505	100	(c)	(c)	.....
Kansas.....	4,617	4,581	96	3	1	36
Kentucky.....	7,590	7,590	96	4	.....	.....
Maine.....	1,350	1,350	100	.....	.....	.....
Maryland.....	1,637	1,637	86	14	.....	.....
Massachusetts.....	7,041	6,971	99	1	(c)	70
Michigan.....	14,225	12,128	97	3	(c)	2,097
Minnesota.....	7,083	6,445	98	(c)	2	638
Mississippi.....	1,693	1,693	62	38	(c)	.....
Missouri.....	1,816	1,816	96	4	.....	.....
Montana.....	1,355	1,355	96	(c)	4	.....
Nebraska.....	1,385	1,318	99	1	(c)	67
Nevada.....	209	208	95	(c)	5	1
New Hampshire.....	1,174	1,174	100	(c)	.....	.....
New Jersey.....	1,506	1,506	94	6	.....	.....
New Mexico.....	932	932	100	(c)	(c)	.....
New York.....	9,346	9,223	99	1	(c)	123
North Carolina.....	14,265	13,975	83	16	1	290
North Dakota.....	1,557	1,557	98	(c)	2	.....
Ohio.....	3,645	3,139	95	5	.....	506
Oklahoma.....	5,860	5,848	93	4	3	12
Oregon.....	254	254	98	(c)	2	.....
Pennsylvania.....	4,254	4,254	99	1	.....	.....
Rhode Island.....	1,668	1,668	99	1	.....	.....
South Carolina.....	2,974	2,635	58	42	(c)	339
South Dakota.....	791	791	100	.....	.....	.....
Tennessee.....	1,550	1,546	94	6	.....	4
Utah.....	985	985	99	.....	1	.....
Vermont.....	994	994	100	(c)	.....	.....
Virginia.....	5,385	5,385	63	37	.....	.....
Washington.....	2,056	2,056	98	(c)	2	.....
West Virginia.....	3,878	3,857	94	6	(c)	21
Wisconsin.....	7,435	7,435	100	(c)	(c)	.....
Wyoming.....	469	469	98	.....	2	.....

<sup>a</sup> Louisiana and Texas did not report. Texas had not yet established a register and Louisiana was not participating in the crippled children's program under the Social Security Act.

<sup>b</sup> Included 397 children for whom eligibility had not been determined as of June 30, 1938.

<sup>c</sup> Less than 0.5 of one percent.

<sup>d</sup> As of September 30, 1938.

## HOSPITAL IN-PATIENT SERVICE, 1937 AND 1938

The number of patient-days provided during the calendar year 1938 by the public general hospitals of 20 urban areas showed almost no change from the number provided during 1936 and 1937, continuing the fairly level trend that began in 1933. The number of patient-days provided during 1938 by the private general hospitals of these 20 areas was 7 percent higher than in 1936, but showed no increase over 1937. The year 1938 was the first since 1933 that private general hospitals had not reported some increase in total patient-days.

These figures are based on reports received by the Children's Bureau through its project for the registration of social statistics in urban areas.<sup>1</sup> Reports of hospital in-patient service are received from more than 400 hospitals in 39 of the 44 urban areas participating in the project.<sup>2</sup>

### *In-Patient Service of 20 Urban Areas*

A summary of the in-patient service during 1938 in the public and private general hospitals of 20 areas is given in table 1, and the detail by area is presented in table 2.<sup>3</sup> In all these areas reports from general hospitals were relatively complete, covering in most instances 85 percent or more of the total bed capacity. Complete reports were available from only eight areas: Buffalo, Dayton, Duluth, Grand Rapids, New Haven, St. Paul, Springfield (Mass.), and Syracuse.

*Trends in patient-days.*--Of the 13 areas reporting on public general hospitals in both 1936 and 1938, 6 showed increases and 7 decreases in the number of days' care (patient-days) provided. The greatest increase was reported by Duluth (28 percent) followed by Grand Rapids (12 percent). Other increases were less than 6 percent. The

largest decreases were in St. Paul (9 percent) and Milwaukee (8 percent). The private general hospitals showed increases in the number of patient-days provided during 1938 as compared with

Table 1.--Summary of in-patient service provided by public and private general hospitals in 20 urban areas during 1938

Item	Public hospitals	Private hospitals
Number of hospitals.....	22	164
Number of patient-days:		
1936.....	4,214,880	8,956,950
1937.....	4,179,996	9,646,915
1938.....	4,222,992	9,620,289
Percent change 1936 to 1938.....	(a)	+7
Number of admissions 1938.	256,417	877,601
Average length of stay per patient in-days 1938. <sup>b</sup> ....	17	11
Percent of occupancy 1938.	81	68

<sup>a</sup> Less than + 0.5 percent.

<sup>b</sup> Computed by dividing the number of patient-days provided during the year by the number of admissions during the year.

1936 in all but one of the 20 areas reporting for both years. The largest increase was 29 percent in Grand Rapids. The next highest increase was 15 percent in St. Paul. Seven cities reported increases in excess of 10 percent. The only decrease reported was in Springfield, Mass. (3 percent).

*Average length of stay, 1938.*--The average length of stay per patient in these areas during 1938 was 17 days in public general hospitals and 11 days in private general hospitals.<sup>4</sup> For public general hospitals, the average length of stay per patient during 1938 was between 10 and 21 days in all but three areas. The average reached 27 days

<sup>4</sup>The average length of stay per patient as here computed is obtained by dividing the number of patient-days provided during the year by the number of admissions (including live births) during the year.

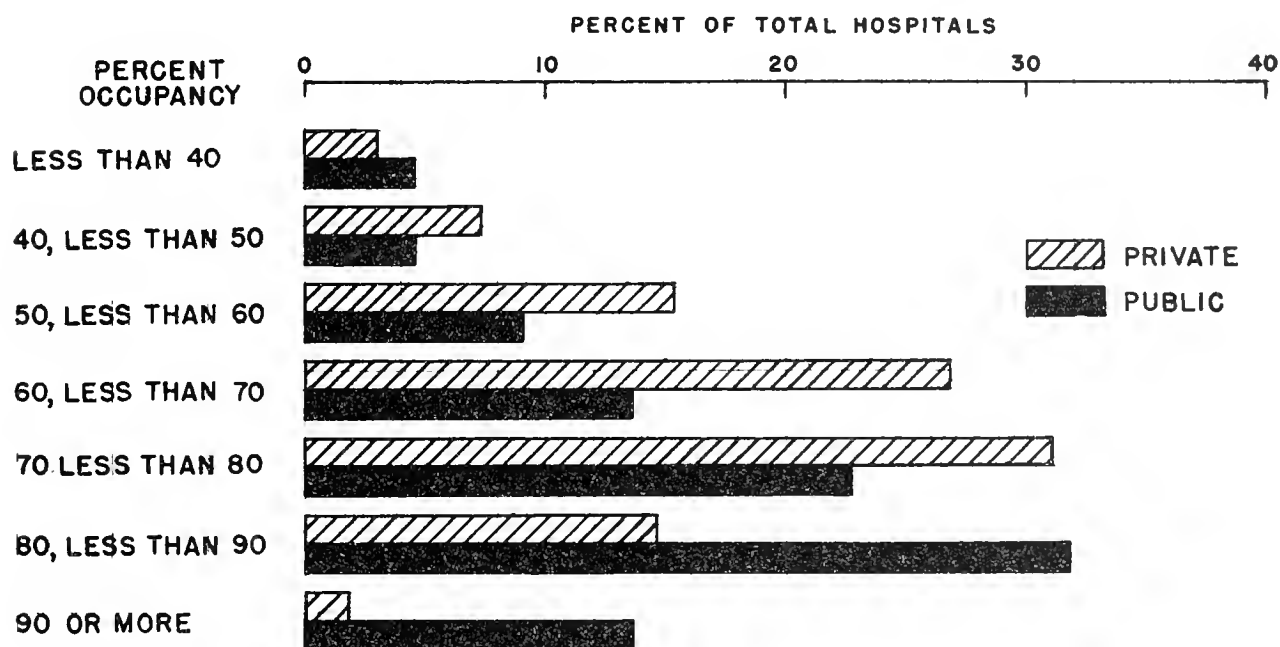
<sup>1</sup>For a similar presentation of hospital statistics for the year 1936, see the *Social Statistics Supplement* for September 1937.

<sup>2</sup>The project does not include reports from hospitals organized for profit nor from those operated by industrial or commercial establishments and caring only for their own employees. The field is further limited to exclude hospitals such as those caring for the insane, feeble-minded, epileptic, blind, or deaf; marine hospitals; and hospitals for ex-soldiers.

<sup>3</sup>Incomplete material available for four additional areas is presented at the end of the table.



CHART I.—DISTRIBUTION OF 164 PRIVATE AND 22 PUBLIC GENERAL HOSPITALS  
BY PERCENT OF OCCUPANCY, 1938



in Cleveland, 29 in Buffalo, and in Pittsburgh, where a large proportion of the patients in one hospital were chronically ill, reached 69 days. In private general hospitals the average length of stay per patient showed less variation between areas, the range being from 9 to 14 days.

*Percent of occupancy, 1938.*--The average percent of occupancy among public general hospitals for all areas was considerably higher (81 percent) than that of private general hospitals (68 percent). Among the 13 areas reporting both public and private hospitals, however, the average percent of occupancy in private hospitals was greater than that in public hospitals in three areas--Columbus, Grand Rapids, and Milwaukee.

The average percent of occupancy of public general hospitals in the 20 areas ranged from 57 to 96 percent. In New Orleans (one of the four cities not reporting in substantially complete form data for all items of table 2) an occupancy rate of 107 percent was reported for the one public general hospital, where an overcrowded condition existed. Occupancy of private general hospitals in the various areas ranged from 59 to 84 percent. The occupancy rates of the individual public and

private general hospitals are presented graphically in chart 1.

*Pay status.*--Although not available in detail by area, incomplete data received from some of the hospitals indicate that practically all (99.7 percent) of the days' care provided in public general hospitals during 1938 was free, and that 34 percent of the days' care provided in private general hospitals during 1938 was free.<sup>5</sup>

<sup>5</sup>Statistics on pay status as now requested by the Bureau are not reported by all hospitals and the present incomplete data are based on reports from 14 public and 47 private hospitals. In addition to outright free care, these figures include "computed free days' care." Computed free days' care represents the equivalent number of free days' care provided during the year to patients who paid less than the average cost per patient-day.

Summary financial reports for 1936 received from all health and welfare agencies in a group of 16 medium-sized cities provide another means of measuring the percent of free care provided. In that study public hospitals of all types, including general hospitals, reported 92 percent of their current income for 1936 from sources other than beneficiaries, and private hospitals reported 21 percent of their current income for the same year from sources other than beneficiaries. (See *Social Statistics Supplement* for December 1938.) These percentages, based on financial reports, are considerably lower than the related percentages based on service data. The differences are not entirely unexpected since the charges made to patients in excess of the average per diem cost are not taken into consideration in arriving at the number of computed free days' care.

*Variation by Type of Hospital, 1937*

in table 2 are summarized data available for 1937 on the number of admissions, number of patient-days, average length of stay per patient, and average percent of occupancy for general hospitals compared with tuberculosis, maternity, and other types of public and private hospitals reporting in the social-statistics project. Similar material for 1938 is not available in a substantially complete form at the present time. The table is based on combined reports received from 400 hospitals in 39 urban areas.

As is shown in table 3, the average length of stay per patient in public hospitals was longer than in private hospitals of the same type. The average length of stay per patient in 1937 was 16 days in public general hospitals and 11 days in private general hospitals. In tuberculosis hospi-

tals under private auspices the average length of stay was 297 days, and in tuberculosis hospitals under private auspices it was 198 days.

Of the hospitals under public auspices, emergency hospitals had the shortest and tuberculosis hospitals had the longest average length of stay per patient. Only emergency hospitals had a shorter average length of stay than general hospitals. Of the hospitals under private auspices, eye, ear, nose, and throat hospitals and the skin and cancer hospital had a shorter average length of stay per patient than the general hospitals. Four hospitals for persons with incurable diseases showed an average length of stay per patient of 486 days.

The percentage of the total bed capacity occupied during 1937 was generally greater in public than in private hospitals.

Table 3.--In-patient service provided by 400 hospitals of specified types in 39 urban areas reporting during 1937

Type of hospital	Number of hospitals included	Admissions	Total patient-days	Average length of stay per patient in days <sup>a</sup>	Percent of occupancy
(1)	(2)	(3)	(4)	(5)	(6)
<b>Public hospitals:</b>					
General.....	38	488,153	7,795,849	16	85
Emergency.....	4	8,671	11,963	1	25
Tuberculosis.....	28	9,185	2,723,187	297	92
Isolation.....	17	27,961	872,787	31	60
Orthopedic.....	1	575	76,152	132	93
Hospital departments of institutions.....	2	1,534	190,350	124	96
Convalescent and rest.....	2	868	113,698	131	82
<b>Private hospitals:</b>					
General.....	203	1,053,422	11,311,971	11	69
Tuberculosis.....	15	1,847	364,837	198	81
Maternity.....	19	49,540	570,724	12	60
Children's .....	20	50,371	611,887	12	67
Orthopedic.....	15	6,051	353,393	58	88
Convalescent and rest.....	22	4,955	321,491	65	70
Eye, ear, nose, and throat...	8	25,511	130,477	5	57
Cardiac.....	1	145	25,750	178	88
Incurable.....	4	355	172,527	486	98
Skin and cancer.....	1	633	5,345	8	59

<sup>a</sup> Computed by dividing the number of patient-days provided during the year by the number of admissions during the year.

Table 2.--In-patient service provided by 186 general hospitals in 20 urban areas during 1938, and percent of change from 1936 to 1938 in the number of patient-days provided

Area, and type of hospital administration	Number of hospitals included	Patient-days				Admissions during 1938	Average length of stay per patient in days 1938 <sup>a</sup>	Percent of occupancy 1938
		1936	1937	1938	Percent of change from 1936 to 1938			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Total (20 areas):								
Public.....	22	4,214,880	4,179,996	4,222,992	(b)	256,417	17	81
Private.....	164	8,956,950	9,646,915	9,620,289	+7	877,601	11	68
Akron:								
Private.....	3	166,419	178,521	174,671	+5	18,732	9	69
Boston:								
Public.....	2	647,866	655,508	<sup>c</sup> 671,429	+4	<sup>c</sup> 44,113	15	96
Private.....	11	723,507	751,811	743,812	+3	54,463	14	76
Bridgeport:								
Private.....	2	182,539	182,546	<sup>d</sup> 190,958	+5	<sup>d</sup> 17,010	11	76
Buffalo:								
Public.....	1	345,193	329,686	322,240	-7	11,177	29	83
Private.....	11	<sup>c</sup> 563,829	578,274	626,058	+11	51,872	12	76
Chicago:								
Public.....	2	1,173,592	1,182,436	1,235,305	+5	82,321	15	83
Private.....	37	1,699,789	<sup>c</sup> 1,824,477	<sup>c</sup> 1,774,447	+4	<sup>c</sup> 182,139	10	59
Cincinnati:								
Public.....	1	276,330	252,141	255,599	-8	18,137	14	76
Private.....	6	386,790	406,959	405,559	+5	38,087	11	68
Cleveland:								
Public.....	3	504,660	509,639	501,738	-1	18,383	27	81
Private.....	13	776,583	831,091	833,721	+7	79,854	10	74
Columbus:								
Public.....	1	68,274	66,889	67,904	-1	5,720	12	67
Private.....	7	296,382	314,556	321,423	+8	24,043	13	72
Dayton:								
Private.....	3	221,707	248,370	253,263	+14	23,107	11	67
Des Moines:								
Public.....	1	40,589	45,350	42,347	+4	4,187	10	87
Private.....	3	140,821	142,194	149,692	+6	15,932	9	68
Detroit:								
Public.....	5	536,825	572,743	542,578	+1	37,605	14	87
Private.....	12	862,464	936,612	925,677	+7	89,143	10	71
Duluth:								
Public.....	2	23,118	29,613	29,590	+28	2,145	14	71
Private.....	2	130,011	140,402	141,626	+9	12,242	12	69

Note: Data reported by registration areas corrected to March 1, 1939.

<sup>a</sup>Computed by dividing the number of patient-days provided during the year by the number of admissions during the year.<sup>b</sup>Less than +0.5 percent.<sup>c</sup>Includes estimate for 1 hospital.<sup>d</sup>Includes estimates for 2 hospitals.

Table 2.--In-patient service provided by 186 general hospitals in 20 urban areas during 1938, and percent change from 1936 to 1938 in the number of patient-days provided--Continued

Area, and type of hospital administration	Number of hospitals included	Patient-days				Admissions during 1938 <sup>a</sup>	Average length of stay per patient in days 1938	Percent of occupancy 1938
		1936	1937	1938	Percent change from 1936 to 1938			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Grand Rapids:								
Public.....	1	6,395	5,924	7,145	+12	365	20	58
Private.....	3	117,831	148,125	151,692	+29	15,017	10	62
Milwaukee:								
Public.....	1	244,985	203,098	224,739	-8	20,053	11	57
Private.....	9	357,154	413,546	395,563	+11	43,602	9	63
New Haven:								
Private.....	3	266,790	282,744	285,977	+7	23,101	12	74
Pittsburgh:								
Public.....	1	97,451	99,118	94,793	-3	1,366	69	74
Private.....	20	1,180,070	<sup>c</sup> 1,309,900	<sup>d</sup> 1,281,788	+9	<sup>d</sup> 98,341	13	69
St. Paul:								
Public.....	1	249,602	227,851	227,585	-9	10,845	21	69
Private.....	8	<sup>c</sup> 265,031	304,968	303,545	+15	30,975	10	68
Springfield, Mass.:								
Private.....	3	183,787	185,903	178,335	-3	14,797	12	65
Syracuse:								
Private.....	5	287,278	312,045	317,953	+11	29,553	11	84
Wilkes-Barre:								
Private.....	3	148,168	153,871	164,529	+11	15,591	11	63
New Orleans: <sup>e</sup>								
Public.....	1	( <sup>f</sup> )	( <sup>f</sup> )	677,265	....	55,859	12	107
Private.....	6	( <sup>f</sup> )	281,093	303,586	....	38,145	8	74
Omaha: <sup>e</sup>								
Public.....	2	212,913	<sup>c</sup> 204,989	179,499	-16	5,623	32	77
Private.....	6	227,036	225,056	( <sup>f</sup> )	....	( <sup>f</sup> )	.....	.....
San Francisco: <sup>e</sup>								
Public.....	2	( <sup>f</sup> )	( <sup>f</sup> )	484,040	....	23,350	21	76
Private.....	11	( <sup>f</sup> )	( <sup>f</sup> )	519,513	....	47,750	11	70
Sioux City: <sup>e</sup>								
Private.....	3	103,037	101,544	( <sup>f</sup> )	....	( <sup>f</sup> )	.....	.....

<sup>e</sup>Not included in the total for 20 areas because data for 1 or more items not available. San Francisco was not included in the registration of Social Statistics until July 1937.

<sup>f</sup>Available data not sufficiently complete for inclusion.

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# Child

Monthly News Summary



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# THE CHILD — MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

CHILD HEALTH DAY--1939  
BY THE PRESIDENT OF THE UNITED STATES OF AMERICA  
A PROCLAMATION

WHEREAS the Congress by joint resolution of May 18, 1928 (45 Stat. 617), has authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day; and

WHEREAS the health of children is of great concern to all citizens:

NOW, THEREFORE, I, FRANKLIN D. ROOSEVELT, President of the United States of America, do hereby designate May 1, 1939, as Child Health Day, and urge each community to consider how the knowledge of the best methods of promoting health may be spread among all those responsible for the care of children and how proper provision may be made to insure care for the health of all children. And I also call upon the children of each community to celebrate this year's gains in health and growth, and to consider how they may do their part in promoting their own health and the health of the Nation.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States to be affixed.

DONE at the city of Washington this fourth day of April in the year of our Lord nineteen hundred and thirty-nine, and of the Independence of the United States of America the one hundred and sixty-third.

[SEAL]

FRANKLIN D. ROOSEVELT

By the President:

CORDELL HULL

Secretary of State.

# NORTH CAROLINA STATE-WIDE CONFERENCE ON BETTER CARE FOR MOTHERS AND BABIES

## NORTH CAROLINA LOOKS BEYOND THE CONFERENCE

BY ELIZABETH M. WAGENET,  
EXECUTIVE SECRETARY, NATIONAL COUNCIL FOR MOTHERS AND BABIES

Five hundred men and women put in a busy day in Raleigh, on February 15, 1939, when North Carolina held its State-wide Conference on Better Care for Mothers and Babies. First State conference of its kind in the United States, the North Carolina conference applied itself to the job of collecting information on maternity and infancy care from leaders selected from the fields of medicine and the allied professions, from social work, and from club groups. Because in the construction of this conference may lie a pattern for other States to follow, what these leaders did and what they said is of especial consequence.

### *Background of the Conference*

In January 1938 the Children's Bureau of the United States Department of Labor called a National Conference on Better Care for Mothers and Babies. North Carolina is the first State to follow suit by gathering its citizens together for a close view of its own maternity and infancy problems and a sampling of its citizen activity for better care.

The part taken by the Advisory Committee to the Maternal and Child Health Services, which sponsored the conference in the first place, may well prove an example to other States. Nearly every State has such an advisory committee, organized as the most effective way of showing the cooperation of the State health agency with other medical, nursing, and welfare organizations as required under the Social Security Act.

Collaborating with the Advisory Committee to the Maternal and Child Health Services of the North Carolina State Board of Health in the preparation for the conference was the National Council for Mothers and Babies, created pursuant to the National Conference on Better Care for Mothers and Babies held in 1938. The National Council is composed of 58 professional and voluntary national

organizations whose programs range over a wide territory of interest. Each organization, whether its members are obstetricians, pediatricians, surgeons, farm women, trade-union members, club women, nurses, or teachers, has dedicated at least a part of its program to advancing better care for mothers and babies. Member organizations having a State branch in North Carolina gave national backing to stimulate interest of the local branch in the State maternity and infancy program. Other member organizations transmitted their interest through the National Council. Letters went to 100 leaders in the State from the National Council.

The North Carolina conference did not "spring full panoplied" from anywhere but was painstakingly built with the thought that the members would go home carrying a clearer picture of how to help mothers in their own counties. The persons sponsoring the conference were convinced of the value of a plan built on cooperation—not as a comfortable word, vague in meaning, but as a way of thought and action. It is significant that approximately 250 of the 500 persons attending the conference were connected with the State, city, or county health departments; that 150 more were professional persons not connected with health departments; and that the remaining 100 were leaders in organization groups.

Asking why a mother in North Carolina is more than twice as likely to die during pregnancy or childbirth as a mother in Connecticut and why an infant born in North Carolina has only about half the chance of an infant born in New Jersey of living until its first birthday, came men and women from 72 of the 100 counties in the State, from the mountains and from counties on the edge of the Atlantic Ocean, from the "sandhill belt," from the Piedmont, from the cash-crop cotton and tobacco sections, from cities, towns, and rural districts.



The strength of purpose of these men and women was shown by the fact that a driving wind and rain had no deterrent effect upon attendance. The conference began in a room large enough to seat 300, but before the end of an hour it was adjourned to a larger auditorium because many persons were standing and more were arriving every minute.

Too often the conference method results in an elaborate parade of opinions muffling the impact of reality. In this North Carolina conference emphasis was on results.

#### *Program of the Conference*

The place of the North Carolina conference as a notable event was assured by the welcome of Governor Clyde R. Hoey and by the whole-hearted and understanding support given by the State health officer, Dr. Carl V. Reynolds. Dr. Aldert S. Root, chairman of the North Carolina Section of the American Academy of Pediatrics, gave time and wisdom to the preliminary plans and discussions and served as chairman of the conference. Dr. George M. Cooper, director of maternal and child-health services, worked untiringly to have in attendance persons who would understand, feel responsibility, and so carry forward the program. When they had come, he gave them, as a focus around which the discussion could be built, a picture of the State's problems. He said:

We are frequently asked why North Carolina should have a continued high infant death rate. One of the answers is the high birth rate. But the birth rate is not inordinately high if mothers are healthy and babies are born in healthy condition. We evidently lack those conditions in this State!

In explaining the lack of healthy conditions, Dr. Cooper pointed out that there were conditions of poverty and ignorance; that 16,000 colored women and 5,000 white women each year depend solely upon midwives; that many others receive the services of a physician only during the hours of confinement. He further stated:

There were more than 5,000 infant deaths recorded in North Carolina in 1937, a rate of 66 per 1,000 live births. Only 6 States in the Union reported a higher rate.

The conference program was framed to bring to the fore experience and knowledge from many fields. It included not only problems presented by pediatricians, obstetricians, and health officers, but

also statements about the fields of dentistry, nursing, nutrition, social work, farm security, and Negro health work. The program also included summaries of some of the ways in which club women have helped the health officer in certain counties and talks by speakers bringing national experience.

Medical and social problems connected with maternity and community work to help the city or county health officer were the subjects of the morning and afternoon sessions, summarized by Mrs. J. K. Pettengill, president of the National Congress of Parents and Teachers. In the evening broader national aspects of maternity and infancy work were presented by Dr. Martha M. Eliot, Assistant Chief of the United States Children's Bureau, and by Dr. Fred L. Adair of Chicago, chairman of the American Committee on Maternal Welfare.

The "casting up of accounts" was popularized in English literature by Samuel Pepys. It is to be hoped the North Carolina conference will popularize casting up of accounts in State maternity programs. The famous diarist carried on in secrecy and by candlelight, but North Carolina cast up her accounts for mothers and babies in the broad light of many minds. The people were called in to help.

#### *Highlights From the Conference Papers*

Certain determinations stood out in all the speeches--a readiness to join with the health department to bring about greater use of existing services, to extend services both geographically and functionally, and to have those services enriched by providing further education for their personnel. To quote from two speakers:

<p><i>Dr. J. Buren Sidbury,</i>  <i>president, State</i>  <i>Medical Society</i></p>	<p>It is the earnest desire of our State health department and the pediatricists of the State to see established in each county one or more maternity and infant-welfare clinics to which shall be assigned an obstetrician and a pediatricist as consultants if not regular attendants. These clinics could be sponsored jointly by the county medical society and the local board of health. The doctors in attendance at the clinic could be designated by the county society. A reasonable fee for holding these clinics should be paid the physicians.</p>
--	---

<p><i>Dr. F. Bayard Carter,</i>  <i>Duke University</i>  <i>Medical School</i></p>	<p>In this State today we have quite a goodly number of young men who are extraordinarily well trained in obstetrics and gynecology sitting around doing very little because of this system of having</p>
--	---

to wait for a practice. These men and their training and ability should be utilized to the highest degree. If it requires full-time work paid for by the health department or Federal or State Government, supervised by county medical society, let us utilize them as part of our plan to further maternal and infant care. It is singularly necessary that we provide trained pediatricians for every district in a community. But I know of no fellowship in pediatrics in Virginia, North Carolina, or South Carolina.

To borrow a term from the field of archery, this conference, in order to reach the goal of reducing maternal and infant deaths, took as its "point of aim" reduction in the number of babies born prematurely. Better prenatal care then became of first concern, and the discussion centered around circumstances tending to deflect the aim and ways of controlling these circumstances. Dr. Cooper's challenge to the county health officers was answered by Dr. Sidbury, who said:

The pediatricists stand ready to join hands in this coordinated campaign to lower the death rate in the first month of life and especially in the first week of life. The public-health man must approach the problem from the standpoint of the health needs of the community as a whole. The pediatricist may be considered as his lieutenant who will carry specific tasks to their conclusion.

*Dr. Arthur  
H. London,  
pediatrician,  
Durham*

More than half of the deaths in the first month of life are deaths of premature infants and the rate of these deaths

has gone down scarcely at all in the past 20 years. Prematurity offers the pediatrician of today his greatest challenge. The premature baby should be considered an emergency even more than the classical surgical emergency, acute appendicitis.

*Dr. Fred Hale,  
president, State  
Dental Society*

It has not been proven that the unborn child is directly involved through the influence of oral

infection, but there is abundance of evidence to support the belief that the general health of the pregnant woman is often considerably lowered by oral disease and that, as a consequence, a feeble resistance handicaps the mother in the successful termination of delivery.

To give brand-new North Carolina babies a proper start in life there should be more adequate facilities for the care of their mothers during the 9 months before birth. If the facilities are provided, the number of patients receiving prenatal care grows, testified physicians in charge of maternity clinics:

*Dr. W. Z. Bradford,  
Charlotte Mater-  
nity Clinic*

It is estimated that in this State more than 15,000 births occur annually in which the first medical contact is at time of labor. The widely scattered rural population, the inaccessibility of adequate medical care upon many tenant cotton and tobacco farms, and the pathetic financial inability of many to purchase adequate maternity and infancy care are outstanding factors in our social and economic structure which require consideration.

In the early days of the Charlotte Maternity Clinic, scarcely 50 percent of our patients received prenatal care, whereas today more than 95 percent are attended prior to delivery. It is a striking fact that more than three-fourths of the patients are seen in the first two trimesters of pregnancy.

Dr. Cooper stated that 156 maternity and infancy centers were being conducted in 43 counties of North Carolina, and that arrangements had been made to establish centers in three additional counties, through the local health departments.

But when a woman employs an untrained midwife, there is little or no supervision during the period of pregnancy. That is one reason why it seemed important to persons attending the conference to "look to the midwives." Dr. Cooper spoke of the fact that there should be a sufficient number of experienced nurse-midwives for every local health department to have one on its staff, as one means of supervising local midwives.

Dr. Bradford, Dr. Parker, Dr. Carter, and Dr. Hughes spoke of the need for making consultation service available to local physicians. Dr. Daily, Director of the Maternal and Child Health Division, United States Children's Bureau, told of the use of this sort of service in other States with a large rural population--in Maryland, for instance--and stated that there are now 16 State health departments that provide pediatric consultation and 20 that provide obstetric consultation.

*Dr. Bradford*

Of the 3,500,000 population in North Carolina, approximately 85 percent live in communities of 10,000 or less. Approximately one-third of the births in North Carolina are still attended by midwives, in most cases untrained and of questionable competence.

Among the accomplishments of the program for better care in this State are the elimination of more than 4,000 unqualified midwives from active practice and the systematic annual registration of midwives.

*Dr. W. R. Parker,  
health officer,  
Jackson*

When I first went to work in Northampton County we had 75 midwives. Now our number is down to 42 and we are expecting a further reduction through the process of eliminating the old and noncooperative.

Admittedly facilities for prenatal care fall far short of what is needed in North Carolina. But where prenatal service is available it was said to be relatively easy to get the Negro women to use it and "distressingly hard to induce the white women to come." Transportation was spoken of as one difficulty, but as Dr. Parker put it, "The disease that tops the list with us is ignorance, complicated by poverty." And as Dr. Carter said, "I have found that the mortality and morbidity, as far as our clinic is concerned, are in direct proportion to the ignorance of the patients."

The subjects of poverty and ignorance drew the conference into the social-work field, illustrating again the dramatic willingness shown by members of all professions to lend their skills in the campaign.

*Professor George H.  
Lawrence, University  
of North Carolina*

Since the child's early development is so intimately affected by and so extremely dependent upon the mother, there is about as much reason for social workers as for the professional health authorities to be concerned with a better maternal and infant-health program. Social workers in the past have seen too often the family broken by the chronic illness or death of the mother with the resultant dependency of many children. They have seen many complexities of individual and family maladjustments which are directly traceable to a lack of reasonable physical care of mothers and babies. The life and physical condition of the mother, particularly during her child-bearing years, are of such vital significance to the development of her children as to merit the prime consideration of social workers.

Other high spots of the conference were the description by Mrs. Wilbur H. Currie, of Moore County, of the way in which she started single-handed the now vigorous program for maternity care in her county and the description of the difficulties and problems of rural practice by Dr. John Preston, of Tryon.

As a story builds up to its climax, so this conference worked its way through the discouragements of scene and circumstance. The tempo changed as the climax approached. The idea emerged that "working together gets things done."

"I believe something can be done by educating the country women in the home-demonstration clubs; they in turn can see that their membership comes to the clinics," said Dr. Jane S. McKimmon, dean in the home-demonstration work in the State.

"We will tell women not only what foods are needed in their diets but how to raise these foods on the farm," said Mary E. Thomas, extension nutritionist of State College.

A remarkable story was told by Mrs. E. T. Harrison, of High Point, of the way in which the High Point Junior Service League had worked for years with the health department and of the entrance into the cooperative picture of the druggists, creameries, teachers, adult-education service, Business and Professional Girls' Club, Alto Arts Club, composed of the wives of leading Negro citizens, sewing class of the National Youth Administration, Jewish women's council, graduate nurses' club, American Red Cross, and Y.W.C.A.

Mrs. Arthur Lee Dozier, of Rocky Mount, explained the work of the Rocky Mount Junior Guild, formed because there was no organized group of women to help the health officer. When the guild began its work, 18 pregnant women and 60 infants and preschool children were helped. In 1938, 446 pregnant women and 529 infants and preschool children were being helped.

The nursing supervisor of the Greensboro Health Department, Mrs. Lewis Raulston, described how the public-health nurse, the medical social worker, and the volunteers supplied by the Junior League have worked successfully in a well-rounded program for 10 years.

In Wilmington, the Sorosis Club started with a milk station, said Mrs. Louis B. Goodman. It increased this work, then branched out into the field of well-baby clinics.

Mrs. W. T. Wanzer of the American Association of University Women and Mrs. J. Henry Highsmith of the General Federation of Women's Clubs summarized and added to the discussion.

#### *Outcome of the Conference*

The conference itself was an immediate success--whether measured by the inspiration engendered, by the information spread, or by the geographic and professional distribution of the persons

in attendance. The State must now meet the more exacting measure of long-range success. The test comes in community work, surmounting local difficulties that stand in the way of giving good prenatal and delivery care to every mother and of protecting the life of every newborn child.

A large meeting cannot make a plan on the spot. Through points brought out, however, a conference can indicate a plan. This was done in the North Carolina conference when Dr. F. Bayard Carter, professor of obstetrics and gynecology at Duke University Medical School, correlated the ideas and experiences thrown into the hopper during the day. With vigor Dr. Carter summed up some of the significant ideas expressed in the conference and again drew the picture of need for action to--

(1) Coordinate further the work between public-health and private practitioners; (2) provide trained pediatricians for every district; (3) find a way to use the well-trained young obstetricians to further the State plan for maternal and infant care; (4) train nurses in maternity care; (5) work out ways of cooperation of nurse, midwife, and practitioners; (6) educate women to use the clinics; (7) take from clinic service the idea of charity; (8) provide necessary hospital care with service of trained obstetrician; (9) extend clinic services to all parts of the State.

A motion was passed to turn Dr. Carter's summary, together with the proceedings of the conference, back to the Advisory Committee and to instruct the committee to work with the director of maternal and child-health services of the State Board of Health in forming a program for extended usefulness.

## THE OBSTETRIC PROBLEM IN RURAL AREAS<sup>1</sup>

BY JOHN PRESTON, M. D., TRYON, N. C.

Tryon has a population of less than 2,000 but is about three times as large as any other town in Polk County. Polk County is divided by a paved highway that runs from Tryon to Rutherfordton. On one side are mountains and on the other lies the upper Piedmont farming country. Hendersonville is 8 miles north and Spartanburg, S. C., about 20 miles south of the county lines; both are easily accessible by paved highways. Each of these towns has a good general hospital equipped for modern obstetrics. With a few exceptions persons having a satisfactory income can be, and are, delivered in these hospitals. Therefore, my first observation on the problems of rural obstetrics is the economic one.

Persons who live on the mountainous side of the Tryon-Rutherfordton highway are for the most part poorer than those on the other side because of the inferior farm lands found on mountain slopes and narrow ravines. The only doctor practicing in Polk County except in Tryon lives in the heart of the better farming country and does most of the obstetrics there. My observations and

opinions therefore are based on practice in a very poor rural area. In this area about one family in 20 can afford a hospital bill and a doctor's bill. Of the other 19 families it is conservative to say that not more than 4 can afford even a doctor's bill. That leaves 75 percent who are unable to pay for medical attention for a delivery.

It is said that money is the root of all evil. The lack of money produces these immediate obstetric evils: (1) The women hesitate to consult doctors for prenatal advice; (2) they are overworked and frequently poorly fed; (3) all too frequently they are ignorant and do not recognize complications developing in themselves; (4) they rely on a neighbor woman to deliver them; (5) they wait until they are in labor to send for a doctor, who frequently finds the baby born before his arrival; (6) their homes and labor beds are unbelievably unsterile. There are no screens and usually no lights. In other words, these pregnant women make little or no preparation for their delivery--by engaging a doctor, keeping their bodies in health, or preparing their delivery rooms.

In the summer of 1936 I was called to a home at night to see a woman who was "sick." When I asked the man on the other end of the telephone

<sup>1</sup>Address delivered at the State-wide Conference on Better Care for Mothers and Babies, Raleigh, N. C., Feb. 15, 1939.

what the trouble seemed to be he knew only that she had a pain in the stomach. When I arrived with my obstetric equipment I found the typical Polk County obstetric case: A young woman, edematous and pale, lying in bed in active labor. As I examined her abdomen and noted the pains I obtained the story of mild pre-eclampsia. When I asked the mother why someone had not brought the girl to a doctor or to the Pea Ridge clinic, she retorted that she herself had had seven babies without a doctor and that she always had some swelling of her feet and headaches too. Having determined that delivery was imminent I proceeded to set up my sterile table beside the bed in a dirty room. A lamp was put beside the instruments, gauze, and so forth, and immediately flies, routed from the ceiling, descended in buzzing swarms to crawl over the table. I recovered the instruments slightly too late. A few minutes later a cat jumped on the table but was promptly slapped off taking, unintentionally, one sterile towel and a neat stack of sterile gauze. Someone, though, promptly dived for the gauze and swept the pieces up and gingerly laid them back on the table. I was licked, utterly licked. She was delivered normally with a little chloroform analgesia. I finally got back to the car and shivered, partly from the cold air and partly from the numb fear of almost certain infection.

On the way home I realized that most of my cases had been very much like that--some not so bad, some worse. It made me angry, first at my own poor technique, and then at the people who called me at the very last moment to deliver poor physical risks under horribly septic conditions. That girl's delivery by a doctor was probably in no way better than any of her mother's deliveries had been. Her prenatal care was nil and her delivery a farce from the sterile-technique viewpoint. She got along quite well, but her next pregnancy was a supervised one at the Pea Ridge clinic.

The greatest problem in rural obstetrics is educational. It is extremely difficult to persuade young women to have regular routine prenatal examinations. If it is the first pregnancy they usually consult their mothers, who give them the advice they were given by their mothers. In the outlying districts, until recently, I believe that most pregnancies and labors were supervised by

midwives. Medical examinations were not thought necessary and even if desired might be indefinitely postponed. Women whose preceding pregnancies have been normal do not feel the necessity of consulting a doctor unless there is something radically wrong. I have been impressed by the number of women who consider edema of legs, weakness, headaches, or swelling of the face and hands as a more or less natural condition associated with pregnancy.

In June 1938 a woman who had had a cesarean operation was brought to the hospital from South Carolina after several hours of convulsions and coma. When asked why she had not consulted a doctor during several weeks that she had had the signs and symptoms of pre-eclampsia, her retort was that she had and that he had told her that all women got swollen and dizzy during the eighth month. That may not have been true, but there is a great deal of education to be given to some of the medical profession, not because they do not know, but because they are busy and have become careless.

But the problem of education is not such a great one. Since 1931 the American Women's Hospital has provided a nurse in Polk County whose duty has been in part to encourage prenatal and pediatric care. The results have been most encouraging. With the cooperation of the State Board of Health the American Women's Hospital organized three prenatal clinics, one in Tryon and the other two in the rural sections. There has been already a marked change in attitude among expectant mothers. Quite often a woman comes in to see one of the private doctors and prefaces her consultation by saying that her neighbor or relative went to one of the clinics and got along so well that she herself wants to be examined and treated during her pregnancy. There is nothing that goes so fast as gossip, good or bad. And if a community has a well-run prenatal clinic it is only a matter of a few months before every woman in the community knows about it. Not all who are pregnant are going to attend, but they are going to be mighty interested in what results that clinic has; and, despite prejudice, custom, or social or financial status, they are going to begin to think of their condition during pregnancy. The day is not far distant when the great majority of women in Polk

County and, I hope, in North Carolina will have satisfactory prenatal care as a result of the clinic service.

We have a great advantage in the cooperation of the hospital in Tryon. Any woman who attends the clinics knows that if she develops a serious complication she will be hospitalized. For that reason, in considering the problem of rural obstetrics, I have omitted medical or surgical complications.

There is one other major problem, which is the result of the other two. That is that there are not enough doctors who are willing to do rural or home deliveries, and that the midwives are not properly supervised. In our county we badly need two or three good midwives, and so far we have been able to obtain only one.

The question has often arisen in my mind: Why do not nurses become midwives? Of course the answer must be that they could not make a satisfactory living. If we had several midwives who could deliver the women whose cases are normal our clinics would be more satisfactory. And, by the way, we are going to have to face the delivery problem very soon in our section. The tendency to hospital deliveries is making doctors less and less anxious to do home obstetrics. The old "granny

woman" seems to be disappearing. One of two solutions seems obvious to me: Either better-trained midwives, preferably nurses, or more maternity shelters or hospital beds. We have gone into the question of a shelter or lying-in hospital for our rural area rather exhaustively, and the estimated cost per patient would be ridiculously high. The answer for the present is better-trained and better-supervised midwives. One other advantage that we offer to our clinic patients is that if they have any complications in labor the midwife may call the doctor who attends the clinic. One doctor could supervise several competent midwives and single-handed take care of the calls for help. At the same time he would not spend so much time doing routine deliveries.

If these are the major problems in obstetrics in rural areas, we may well congratulate ourselves and North Carolina. For the economic question could be settled by our maternity and infant clinics and a good midwife, whose fee should be much lower than a doctor's. The educational problem is rapidly being solved by our nurses and the clinics they run. The scarcity of rural doctors who wish to do obstetrics can be overcome by the maternity and infant clinics and competent midwives under their supervision.

## THE MOORE COUNTY COMMITTEE<sup>1</sup>

BY MRS. WILBUR H. CURRIE,  
CARTHAGE, N. C.

Moore County is situated in the sandhills section of North Carolina in which are located the famous winter resorts of Pinehurst and Southern Pines. Our winter residents, by their unselfish interest and capable leadership in all phases of health and welfare work, have played an important part in awakening our citizens to health questions. Our combined efforts culminated in the establishment of an excellent welfare department years ago, of a modern county hospital, and in 1928 of the county health department. For 2 years an infancy and maternity nurse was maintained; but her services were discontinued in 1930.

As a mother, I had been interested in the maternity question for a number of years. My indignation over the indifference of the public to conditions grew as the 71st Congress failed to pass the maternity bill in 1931; and the State Legislature refused as late as 1933 to require midwives to secure certificates from the State board of health. . . .

In 1935 a survey of death certificates revealed that we had lost 57 mothers in 10 years in Moore County. Moreover, there had been an increase in the number of deaths from two in 1927 to eight in 1935—one maternal death for every 56 live babies that year.

I wondered if other citizens would not agree with me that this was a disgrace to our progressive

<sup>1</sup>Address delivered at State-wide Conference on Better Care for Mothers and Babies, Raleigh, N. C., Feb. 15, 1939.

county. So I wrote to 30 women, prominent in civic affairs in their own localities, asking them to meet with me in March of 1936 to discuss this matter. Eighteen of them came. It was decided to send a committee from this group to ask the county commissioners for a maternity nurse for the next fiscal year, beginning July 1. The fact that the Social Security Act had just been passed gave us a wonderful opportunity. We urged county participation in the State program and our pleas were granted.

Soon after the account of our first meeting appeared in the local papers, Mrs. James Boyd of Southern Pines offered to help in our undertaking. When the committee was organized in November of the same year, she became co-chairman. Following the plan of the New York Maternity Center Association this committee included the health officer, the maternity nurse, a hospital executive, a representative nurse, an officer of the medical society, president of the hospital auxiliary, the home-demonstration health leaders, 10 women civic leaders from all sections of the county, and four doctors as medical advisers.

Knowing how great is the tendency in every small town to overorganize--and we have no towns with a population of more than 2,500--we thought it best not to attempt to form a county association, so we asked the most influential club in each town to sponsor our plans in its social-service or health department. Three P.T.A.'s, three women's clubs, three book clubs, one civic club, and one church missionary society agreed to do so, and each appointed a chairman and committee.

The first work of the local committees was to find two well-lighted and heated rooms in which to hold the monthly prenatal clinics with a maternity nurse in charge. These were established by September in six centers by the county health department. A local doctor was asked each month to hold the clinic, and it has been largely through the cooperation of these doctors that the clinics have been a success. One is now held in the county hospital and serves four towns; one is held in the local doctor's office. All serve more than one community.

The second duty of the committee is to furnish transportation to out-of-town patients who cannot furnish it themselves or whom the nurses cannot

bring to the clinic on their way. The local committees are assisted in the work by the hospital motor corps. The clinic chairman and all patients are notified by the health department each month when the clinic will be held.

The interest of the committee in the patient does not end here. An account is kept of the progress of mother and baby for 3 months after delivery. One committee has made layettes and fitted bassinets for 85 babies in the last 2½ years. Often supplementary food, milk, or medicine for the baby or mother is furnished by the local committee or from the county maternity fund. This fund is raised by the county committee members, usually through private donations. Our budget for this year is \$1,000, which provides, in addition to the above items, supplements to the fund for doctor's hospital deliveries, to the salary of the nurse-midwife, and to midwife fees for indigent cases.

This brings us to the place of the midwife in our set-up. It appeared from the list of our first clinic patients that a large percentage of deliveries among the colored women and a small percentage among the white women were made by midwives. Of the 52 midwives registered in 1930 only 16 had qualified for service in 1935, although 28, we discovered, made deliveries that year. Although the clinics were reaching an ever-increasing number of mothers and the number of deaths had been reduced by half compared with 1935, we felt sure that closer supervision of midwives and clinic patients than was then possible would increase the number of deliveries by physicians and decrease the number of critically ill patients brought into the hospital for delivery, and thus decrease the number of deaths still further.

Mrs. Boyd, who had a particular interest in the work of the Lobenstine Midwifery Clinic in New York, arranged through the Maternity Center Association to enter a nurse in one of the midwifery courses in 1937. Again the county committee sought the help of the county board of commissioners. In response to our earnest pleading for a nurse-midwife to work with our county health department these far-sighted officials agreed to appropriate \$1,500 for a year from county funds alone. With their consent we used the

first \$600 to pay the expenses at the Lobenstine school of a graduate nurse who had been recommended to us by the State board of health.

Since our nurse-midwife returned last February, there has not been a single death among the clinic patients. She usually assists the doctor in the examination room at the clinics. Then she takes complete charge of all patients after they have attended their last clinic before confinement and of all abnormal cases when the dangerous symptoms are first discovered. She advises them and helps to make arrangements for their confinement. Where there is need, sheets, gowns, and supplies may be lent by the county committee. In case hospitalization is recommended by the clinic doctor, she makes arrangements. If the patient wishes a midwife for delivery, the nurse-midwife is notified at the same time the midwife is called. Sometimes she attends the delivery; always she is on call in case all does not progress normally. She, in turn, calls the doctor if necessary. Moreover, she makes postnatal visits to these patients to be certain that mother and child are progressing satisfactorily. The number of midwives has been reduced to 12, and all these have passed the course of 10 monthly lessons given by the nurse-midwife in the clinic rooms of the county seat. Their work has been observed during two deliveries each,

and their pride in their work has increased greatly.

With more than 600 births in the county last year, there were 489 clinic patients, of whom 85 white and 163 colored patients were new. There were 11 cases hospitalized. During January of 1938 we lost four mothers: Two who had attended three clinics and two who were not clinic patients. This was before our nurse-midwife came. There was one death in the county last summer of a white mother who would not attend the clinic, although the nurse called for her twice.

Our greatest problem is in reaching white mothers who are not among the poorest yet who will not have a doctor until delivery. We are trying to teach them that the clinic is a public-health service and not charity. The reversal in ratio of deaths among white and colored mothers is significant: Five colored and three white women died in 1935, and one colored and four white women, in 1936.

The county committee holds three meetings a year; the chairmen of the local committees, who are ex-officio members of the county committee, hold three additional meetings. Last year we held an open meeting to which everyone in the county who was interested in maternity welfare was invited. We hope to make this an annual affair in March of each year.

## THE PARTICULAR NEEDS OF NEGROES<sup>1</sup>

BY WALTER J. HUGHES, M. D.,  
NORTH CAROLINA STATE BOARD OF HEALTH

A discussion of the Negroes' needs is a complicated one. The welfare of Negro mothers and babies is dependent upon their social and economic background. This background cannot be expressed as a single function, for it has many ramifications. Generally speaking a Negro mother's needs are human ones. Her educational, social, and economic status, however, renders them more acute. Therefore, to know her needs there must be an interpretation and appraisal of all the forces that contribute to her life.

The health and welfare of the child are wrapped in the health and well-being of the mother, hence the core of this whole problem is the mother. The physical fitness of the infant she is to bring into the world and his normal development in the first years of life are largely dependent upon her intelligence and economic condition.

Her first need is education in personal and community hygiene and the principles of healthy living, in infant hygiene and infant feeding, in training the infant in health behavior, in the need for immunization against the preventable diseases, and in the intelligent utilization of physicians, hospitals, and clinics. This education

<sup>1</sup>Address delivered at State-wide Conference on Better Care for Mothers and Babies, Raleigh, N. C., Feb. 15, 1939.



should be both intensive and extensive and should be extended even down to the girls in high school, for every woman is a potential mother.

The second need is to improve her economic status. Morbidity and mortality have always traveled the roads of ignorance and poverty. The sanitary, social, and economic status of a people is reflected in their infant mortality. The community existed long before the infant, but the mother is a product of the environmental conditions of the community. Traditional status and low income are important detriments to the welfare of mother and baby. When the Negroes' social and economic status measures up to that of other persons there will be equality of maternal and infant care.

The studies of infant mortality made by Rochester and Woodbury revealed that the mortality during the first years of life was between three and four times as great for infants in the lowest income group as for infants of the highest income group. The analysis of maternal deaths reflected similar conditions.

The poverty of the Negro mother is a health hazard not only to her but to her unborn infant. She is forced to work until the very hour of her confinement. Quite frequently she must leave her bed within a week after confinement to gain the bare necessities of life. These mothers, undernourished, poorly housed, overworked, inadequately paid, and sometimes in the throes of tuberculosis, nephritis, heart disease, or syphilis, go on bringing more babies into the world to be brought up undernourished, pale, and anemic and without a fair chance in life.

The third need is communication and transportation; at present this presents no great problem to the urban Negro, but it does present a serious problem to the rural Negro. He lives off the highway, even away from the byways. He has no telephone communication; his means of transportation are too meager to be of value when the need is most urgent. Effective means of transportation and rapid communication are essential to obstetric service. How many mothers and babies perish for lack of these facilities it is hard to estimate. I know of an infant life lost because of this very problem while I was on duty in Halifax County in

1938. A luetic woman had presented herself in the postpartum period for treatment on several occasions. To receive this treatment she traveled on foot a distance of 16 miles. She had told of the illness of her infant and wanted to bring him for treatment, but she had no means of transportation. Finally, as the infant grew worse, in her desperation she came one day to the clinic bearing the infant in her arms. His eyes were sunken, his skin withered and covered with a syphilitic rash. It was too late to save him. That baby perished for lack of transportation. There are thousands of similar cases.

Improved obstetric and pediatric service is certainly one of the most urgent needs. Modern methods are just as essential to Negroes as to any other persons. I shall however confine myself to the public-health aspect of this particular problem.

From the years 1933 to 1937, inclusive, of the 113,647 Negro infants born, 31 percent were delivered by physicians and 69 percent were delivered by midwives. While it is desired and imperative that modern facilities used by trained physicians should be utilized by Negro women, it is one of the tragedies of modern civilization that the obstetric practice for Negro women is largely in the hands of midwives and will be for 25 years to come, probably for 50 years. Therefore, from a public-health standpoint, we must make the most of the facilities that we have at hand.

There must be rigid supervision of the midwives by the health departments, and the midwives must be trained as far as possible in what to do and--even more important--in what not to do. They must be trained in personal hygiene, and their own health must be supervised.

Finally, it is not the woman of means who presents a maternal and infant problem in public health. It is the woman of destitution. It is therefore our duty to get these women into clinics for prenatal and postnatal care, to bring to them newer methods in scientific care, to educate and hold them after we get them. But we cannot hold them unless the members of the clinic staff have sympathy, understanding, and kindness.

I am now on duty in Northampton County. There are several maternity and infancy centers, and these centers are visited not by one, five, or seven women, but by crowds. They come from far

and near; a few in cars, others in carts drawn by mules, and many on foot. They keep coming, bringing their friends. Why do they come? Because the clinics are presided over by sympathetic physicians, assisted by indefatigable and enthusiastic nurses who give the clinic a wholesome and cheerful atmosphere. It is evident by the large attendance at these clinics throughout the county that these mothers are wholeheartedly accepting the facilities that have been provided for the safeguarding of their health.

Probably I have presented a dismal picture of the Negroes' plight--but let all who would look down upon them turn back 30 years to the record of maternal and infant mortality in their own groups, and they will find that they stood where we stand today.

Let us not lay this problem on the backs of any particular people; it is a problem of the State, and its elimination will come through the vision not of a white eye nor a black eye but of a human eye.

## THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

### NEWS AND READING NOTES

*Hearings on national health bill scheduled* Hearings on the national health bill (S. 1620), introduced in Congress on February 28, 1939, by Senator Wagner, are scheduled

to be held early in May before a subcommittee of the Senate Committee on Education and Labor.

The members of the Senate subcommittee are:

James E. Murray, of Montana.

Allen J. Ellender, of Louisiana.

Vic Donahey, of Ohio.

Robert M. LaFollette, Jr., of Wisconsin.

Robert A. Taft, of Ohio.

*Reprints available from Children's Bureau* The Place of Dental Hygiene in a Maternal and Child-Health Program, by Katharine

F. Lenroot, has been reprinted from the *Journal of the American Dental Association* for February 1939. This paper, read by Miss Lenroot before the Section on Children's Dentistry and Oral Hygiene at the Eightieth Annual Session of the American Dental Association, St. Louis, Mo., October 26, 1938, was published also in *The Child*, October 1938.

Four main types of provisions for the administration and nursing direction of public-health-nursing services in State health departments are described in *The State Public-Health-Nursing Unit and Its Relation to Special Services*, by Jane D. Nicholson, reprinted from the *American Journal of Public Health*, January 1939 (pp. 55-60). This

paper was given at the annual session of the American Public Health Association in Kansas City, Mo., October 25-28, 1938.

*Social-Service Admitting in Public Hospitals*, by Ruth Tartakoff, medical social consultant for the Crippled Children's Division of the United States Children's Bureau, is reprinted from *Hospitals* for December 1938. In support of the practice of using social-service methods in admitting patients to public hospitals Miss Tartakoff advances four arguments based on a differentiation between public and voluntary hospitals: The psychological importance of the patient's first contact with the hospitals; the legal obligation of the public hospital to serve a definite geographic area, regardless of the adequacy of its physical equipment; the need for elasticity in admission policies; and the fact that admission to a public hospital is frequently one of a continuous stream of social services offered to the applicant.

*Reprints from Annals available* Copies are available of reprints of two articles from the *Annals* of the American Academy of Political and Social Science for March 1939: *Health Security for Mothers and Children*, by Katharine F. Lenroot (pp. 105-115), and *Child-Welfare Services*, by Mary Irene Atkinson (pp. 82-87). In these two articles the development of the three services administered by the Children's Bureau under the Social Security Act are described through the fiscal year ended June 30, 1938.

## COOPERATIVE ACTIVITIES IN THE MARYLAND NUTRITION PROGRAM

BY CATHERINE M. LEAMY, NUTRITIONIST,  
BUREAU OF CHILD HYGIENE, STATE OF MARYLAND DEPARTMENT OF HEALTH

In planning the nutrition program in Maryland under the maternal and child-health services of the Social Security Act one of the major problems that had to be considered by the bureau of child hygiene was the dissemination of nutrition information in each of the 23 counties through but one nutritionist. To overcome this difficulty it has been possible to obtain the cooperation of various groups.

### *Extension Service*

The University of Maryland Extension Service has been of invaluable assistance in conducting nutrition demonstrations at prenatal clinics in nine counties. During the period in which mothers wait to be examined the home-demonstration agent shows methods by which simple foods may be prepared and teaches the mother the principles of a prenatal diet. After the discussion each mother has an opportunity to taste the food described and talk with the agent about ways in which it may be used in her home.

In one county the home-demonstration agent has cooperated with the health department in a series of group meetings. These meetings were held at the sewing center in the community where women meet one day each week to make over old clothes. The community recreation leader attended each meeting, starting the activity with a game in which each member of the group participated. This was followed, in six of the meetings, by a demonstration of food preparation or a discussion of home management by the home-demonstration agent. In the remaining six meetings either the health officer or the public-health nurse discussed various phases of child care. The meetings became a regular part of the community sewing day.

### *State Department of Education*

In cooperation with the State department of education it has been possible to form community classes in nutrition in two counties under the following procedure:

1. Classes must have a minimum average attendance of 10 persons who are over 16 years of age and do not attend regular day school.

2. Classes are offered in unit courses of 10 lessons, 2 hours each.

3. The home-economics teacher chosen by the department of education is paid through the office of the county superintendent of schools.

4. The county health authorities arrange for materials and place of meeting.

5. The State nutritionist, the county health-department staff, and the home-economics teacher together decide on the course of study.

The home-economics teachers cooperate also in speaking on food selection and requirements at community meetings when the nutritionist is not available.

### *Hospitals*

In both Johns Hopkins Hospital and the University of Maryland Hospital the dietetics department provides a student each month to give demonstrations at the well-child conferences held in Baltimore County.

### *Community Health Committees*

In one county in which a class is being conducted by the county health department in cooperation with the State department of education, the local health committee takes the entire responsibility of providing a place for the meeting, furnishing the equipment, and arranging for transportation to and from outlying districts.

Several community health committees have furnished the money to purchase the equipment used in demonstrations at the prenatal clinics, and in some instances members attend the clinics in order to assist the demonstrator.

Such services given by both professional and lay groups in the community not only are valuable individual contributions but make it possible to further greatly the effectiveness of the nutrition program in each county.

# MATERNAL, INFANT, AND CHILD HEALTH

## FOREIGN NOTES

### *Health program for school children in Argentina*

A health program for school children, which has been in operation for several years in Buenos Aires and a few other large cities in Argentina, is to be extended to the entire country following a recent decision by the National Council of Education, the Federal authority in charge of education.

All the Provinces and Territories will be divided into districts, each employing one or more physicians who will hold regular office hours for school children, teachers, and the administrative staff. The physicians will also inspect the public and private school buildings, take measures for the prevention of contagious diseases, and give lectures on hygiene before the teachers.

School dentists will be employed for treating the children and teaching oral hygiene to teachers, children, and parents. School nurses will visit the homes to teach the parents child care and will lecture on hygiene before the teachers, children, and parents. The Division of School Medical Inspection of the National Council of Education will be in charge of all the school medical work.

(*Informaciones Argentinas*, Dec. 15, 1938.)

### *Work of infant-health centers in Swedish city*

The effect of the work of infant-health centers on infant health is shown in a report on the work of these centers in the city of Göteborg, Sweden, in 1934-37. During that period 65 percent of all the children born in Göteborg were under the supervision of the city's 11 health centers. The children were examined by physicians at the centers at least 4 or 5 times during the first year of life and were visited at their homes by nurses 15 to 20 times during the year.

Among children born in one year 49 of each 1,000 supervised at the health centers needed hospital care and 107 of each 1,000 not so supervised. Social conditions, which are an important factor in illness, are said not to differ sufficiently between the two groups to explain the difference in the figures. The illnesses of the non-supervised children were as a rule more severe than those of the supervised children, and hospital care in excess of 2 weeks was necessary for 34 of each 1,000 nonsupervised children per year, but only for 15 of the same number of supervised children.

(*Tidskrift för Barnavård och Ungdomsskydd*, Stockholm, No. 6, 1938.)

## BOOK AND PERIODICAL NOTES

BIOGRAPHIES OF CHILD DEVELOPMENT; the mental-growth careers of 84 infants and children, by Arnold Gesell, M. D., Burton M. Castner, Ph.D., Helen Thompson, Ph.D., and Catherine S. Amatruda, M.D. Paul B. Hoeber, Medical Book Department of Harper & Bros., New York. 1939. 328 pp. \$3.75.

For years the Yale Clinic of Child Development has been measuring the motor, emotional, and social responses of infants during the early months of life and, on the basis of an integration of the various types of behavior observed and of comparison with established norms, has been making predictions of the potentialities for growth and development of the children. In the present volume Dr. Gesell and his associates correlate these early predictions with the actual status attained 10 years later by the children studied.

On the whole the predictions have been fulfilled. In the few instances in which subsequent development has not confirmed the findings in infancy, the data collected during infancy are dissected with the advantage of the knowledge of the child gained during the subsequent years to determine what factors of interpretation have contributed to the faultiness of the predictions.

The work of the Yale Clinic has demonstrated that in the early months of life the infant shows his potentialities and, given a reasonable opportunity for normal growth and development, reaches a level of attainment in harmony with his behavior as an infant. The rate of development is shown to be an individual characteristic inherent in each infant: It proceeds according to a more or less

fixed pattern during infancy and childhood and is closely correlated with the ultimate level which the individual may attain.

Although growth is uniform and predictable in most cases, occasional factors were found to interfere with the normal progress of events. Gross neglect and emotional distress were found to retard the rate of development. The tendency to revert to the normal for the individual was so strong, however, that the retarding factor must be very severe and of long duration to counteract it and, even under moderately adverse conditions the children, more frequently than not, attained their predicted level.

Severe illness, although it sometimes temporarily retarded the developmental rate, did not permanently change the expected attainment level unless damage to the brain had occurred.

The measurement of rate of development in infancy in the Yale Clinic is dependent upon a comparison of the observed behavior of the infant with that of established norms for infants of the same chronological age. It is, therefore, most important for an accurate measurement of developmental rate to have reliable data of the child's actual postconception age. Chronological age is based on date of birth, so that for cases in which birth takes place either before or after the usual 10 lunar months of intrauterine life, a correction must be made in order to compare the development of an infant with the norms established for his true age. When birth data were not obtained with accuracy, predictions were found to be less accurate.

As a contribution to the understanding of the development of children, this book is of interest to clinicians, psychologists, and social workers, and of special value to all persons interested in problems of adoption.

D.V.W.

TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY, Semicentennial Annual Meeting, May 5-7, 1938. Edited by Heyworth Naylor Sanford, M. D. (152 North Michigan Blvd., Chicago), vol. 50. 83 pp.

This is a report of the joint meeting of the American Pediatric Society and the Society for Pediatric Research, held at Great Barrington, Mass., May 5, 6, and 7, 1938. Among the papers presented are: Clinical Experience With an

Incubator Controlling the External Environment of Premature Infants, by Charles C. Chapple, M. D.; Vitamin C Content of the Blood in Newborn Infants, by Heyworth Naylor Sanford, M. D., and Arthur W. Fleming, M. D.; the American Pediatric Society and the Child-Welfare Movement, by Henry L. K. Shaw, M. D.; and Daily Water Exchange of Premature Infants, by Samuel Z. Levine, M. D., and H. H. Gordon, M. D.

REPORT OF A SURVEY OF THE HEALTH DEPARTMENT AND OTHER HEALTH AGENCIES IN THE DISTRICT OF COLUMBIA. U. S. Public Health Service, Washington, 1939. 400 pp.

The District of Columbia Health and Hospital Survey made in 1937-38 by the United States Public Health Service and collaborators covers a wide range of activities.

The section entitled "Maternal, Infant, and Preschool Child-Health Services" (pp. 144-231) was prepared by Ethel C. Dunham, M. D., Marian M. Crane, M. D., and other members of the staff of the United States Children's Bureau. This section includes statistics on live births, stillbirths, and infant and maternal mortality in the District of Columbia, compiled by the United States Bureau of the Census. Findings on maternity hygiene cover obstetric service, prenatal care, and field nursing services. Findings on infant and preschool-child hygiene include Health Department services, Child Welfare Society services, field nursing services, institutions boarding children, and day nurseries. Findings on special provisions for medical care of children include hospital services, services for crippled children, and services for treatment of venereal disease in children.

Other sections deal with cancer, communicable-disease control, dental hygiene, health education, food inspection, hospitals, laboratories, mental hygiene, mortality trends, public-health nursing, pneumonia control, sanitation, school medical inspection, tuberculosis control, venereal-disease control, and vital statistics.

At the beginning of the report a summary of recommendations is given divided into principal recommendations and specific recommendations, which include construction of additional facilities for the Health Department, for hospitals, and for three new health centers, and administrative recommendations for each activity covered.

DIETS OF FAMILIES OF EMPLOYED WAGE EARNERS AND CLERICAL WORKERS IN CITIES, by Hazel K. Stiebeling and Esther F. Phipard. Department of Agriculture Circular No. 507, Washington, January 1939. 141 pp.

As part of a cooperative Nation-wide study of consumer purchases the Bureau of Home Economics has analyzed the content, cost, and nutritive adequacy of the diets of families of employed wage earners and low-salaried clerical workers. The analysis is based on about 4,000 records made by the Cost of Living Division of the United States Bureau of Labor Statistics in 1934-37, covering a family's food consumption for the period of a week. The study shows that: "The chances for better diets increased with rising per capita expenditures for foods. . . . But the quality of the food supply selected by families was by no means only a matter of level of food expenditure. At every expenditure level above a certain minimum, some families succeeded in obtaining good diets but others procured food only fair or poor from the standpoint of nutritive value."

I AM PHYSICALLY HANDICAPPED. Anonymous. *Parents' Magazine*, vol. 14, no. 3 (March 1939), pp. 30, 99-100.

A girl crippled by infantile paralysis at the age of 3 years describes the long struggle by her family to treat her as "normal" and by herself to behave like a "normal person" and the disastrous results of this policy in her own life. When at last a surgeon taught her to face her handicap frankly she experienced "wonderful relief." Under his guidance she found something she could do (teach swimming to younger crippled children) not merely as well as normal persons, but better because of her lameness, and for the first time succeeded in making what she herself considers a more truly normal adjustment to life.

FOOD AND WELFARE, by F. L. McDougall. League of Nations Studies of Nutrition and National Economic Policy. Issued by the Geneva Research Center; distributed in the United States by Columbia University Press, New York. 56 pp. 40 cents.

This pamphlet reviews recent activities of the League of Nations related to nutrition in the light of their contribution to increased economic welfare. The author has considered in turn trends in food habits, the economics of food consumption, standards of living, and the agricultural problem. He concludes: "The five aims of an improved level of nutrition, higher standards of living, a more prosperous world agriculture, freer international trade, and an increased volume of trade, together interlock to form lines of policy which should insure economic and political stability to the nations prepared for such cooperation and if vigorously prosecuted should help to promote the peace so desirable but so difficult of achievement in the world today."

EL CUIDADO DEL NIÑO (Child Care), by Rosa de Mora. Tipografia Nacional, Guatemala, C.A., 1938. 396 pp.

This is the second revised edition of a book first published in 1933.

It was the first book on child care ever issued in Guatemala and is said to fill a great need not only in Guatemala but also in other countries of Latin America. For this reason it is distributed free of charge by the Government.

The author discusses prenatal care; the care of the infant, including his feeding, weaning, dentition; and his growth. There are also chapters on vitamins and other necessary elements of the child's food, sun baths, habit formation, care of the ill child, and the fallacy of superstitions. The final chapter consists of recipes for preparing foods for the baby.

The Children's Bureau does not distribute the publications to which reference is made in *THE CHILD* except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

# CHILD LABOR

## INJUNCTION GRANTED RESTRAINING VIOLATIONS OF CHILD-LABOR PROVISIONS

As the result of action instituted by the Chief of the Children's Bureau against the Duplan Silk Corporation under the child-labor provisions of the Fair Labor Standards Act, a perpetual injunction was granted March 29, 1939, in the Federal District Court for the Western District of Virginia against that corporation enjoining it from violating the child-labor provisions of the Fair Labor Standards Act in its Grottoes, Va., plant.

The Duplan Silk Corporation is engaged in the manufacture and interstate shipment of rayon fabric and has operated factories in Pennsylvania for a number of years. When its Grottoes, Va., factory was opened early in 1938 the only child-labor law to which it was subject was the Virginia child-labor law with a minimum age of 14 years for employment. Because the Duplan Corporation manufactures goods for shipment in interstate commerce, however, it became subject on October 24, 1938, to the Fair Labor Standards Act, which went into operation on that date.

Inspection in January 1939 disclosed that at least six children under 16 years of age were employed at the Grottoes plant, contrary to the child-labor provisions of the Fair Labor Standards Act. After repeated advices to the corporation

that it could protect itself by obtaining certificates of age for its minor employees, reinvestigation showed that six children under 16 were still employed, and that one girl was working on the night shift in violation of the Virginia child-labor law. Action was instituted by the Children's Bureau to restrain the corporation from continuing to ship goods in interstate commerce from the Grottoes plant if it continued to employ minors under 16 in that plant contrary to the child-labor provisions of the act.

After a hearing at which it was agreed by both parties that there was no dispute as to the facts of the matter, the court issued an injunction against the Duplan Silk Corporation by which that corporation is "perpetually enjoined and restrained from shipping or delivering for shipment in interstate commerce any rayon fabric produced in its said establishment at Grottoes, Va., and removed therefrom within 30 days after any minor under the age of 16 years shall have been employed at any time from and after March 29, 1939, in or about defendant's said establishment at Grottoes, Va."

This injunction is the first to be issued in restraint of violations of the child-labor provisions of the Fair Labor Standards Act of 1938.

## LEGISLATIVE NOTES

*Cooperation with Department of Labor* Six States, California, Montana, North Carolina, Oregon, South Carolina, and Vermont, had adopted legislation, by April 1, 1939, authorizing State cooperation with the Wage and Hour Division and the Children's Bureau of the United States Department of Labor in the enforcement of the Fair Labor Standards Act of 1938.

*West Virginia legislation affecting child labor* In West Virginia two laws enacted in 1939 affect child labor and compulsory school attendance. H. B. 234 enacts a new child-labor law to replace the existing law which provides a basic 14-year minimum age for employment.

The new law establishes a basic minimum age of 16, reduces the maximum hours of labor for children under 16 from 48 to 40 a week without changing the provision for an 8-hour day and 6-day week; prohibits night work between 8 p.m. and 5 a.m. for such minors (night work is now prohibited between 7 p.m. and 6 a.m.); requires lunch periods for minors under 16; raises the minimum age for work in hazardous occupations from 16 to 18; requires work permits for the employment of minors under 16 years of age, to be issued only on proof of age, completion of eighth grade (except for boys 14 years of age or over in nonfactory employment outside school hours), and proof of physical fitness. S. B. 229 strengthens the compulsory school-attendance requirements.

# BOOK AND PERIODICAL NOTES (Child Labor)

SIXTH GRADERS TWELVE YEARS LATER: Studies in Economic Security, 111, Regional Department of Economic Security, Cincinnati, Ohio, 1938. Processed. 82 pp.

The present report is an outgrowth of an earlier report made by the Cincinnati Board of Education in 1931. The earlier report dealt with students graduating from high school who had been included in a group of 4,184 pupils given intelligence tests in the sixth grade, in 1923-24, and with the predictive value of these tests. For the present study, which has the additional value of checking up on all the original group who could be located after a 12-year period, information as of March 1, 1936, was obtained from 2,485 individuals, 60 percent of the original group.

A general tendency was found for children low in the intelligence scale to stop their schooling early and for persons higher in the intelligence scale to go on through high school and college.

The findings of the study include data on employment status and type of occupation for the group studied, averaging 24 years of age in 1936, grouped by amount of schooling completed and by ranking on the intelligence tests given in the sixth grade.

THE NEGRO WOMAN WORKER. U. S. Women's Bureau, Bulletin No. 165, Washington, 1938. 17 pp.

So scanty is the information on Negro women workers that it has been possible to condense the most significant data, including selected references, into a leaflet of 17 pages. The employment of Negro women in domestic and personal service, agriculture, manufacturing and mechanical industries, and white-collar occupations is summarized.

As is pointed out in the introduction, "Negro women have formed . . . a new and inexperienced group in wage employment. To their lot, therefore, have fallen the more menial jobs, the lower paid, the more hazardous--in general, the least agreeable and desirable. And one of the tragedies of the depression was the realization that the unsteady foothold Negro women had attained in even these jobs was lost when great numbers of unemployed workers from other fields clamored for employment."

THE TENTH YOUTH. National Youth Administration, Washington, 1938. 12 pp.

Approximately every tenth youth in the United States is a Negro. The extent of participation by Negro youth in the program of the National Youth Administration is described in this leaflet.

It is stated that 55,000 young Negro men and women, 16 to 24 years of age, are receiving general education, practical training, guidance, work experience, and healthful recreation, in addition to more than \$500,000 a month as direct work-aid benefits under the NYA program.

WAGE AND HOUR LEGISLATION IN ACTION; addresses made at the Thirty-eighth Annual Meeting of the National Consumers' League, New York City, December 9, 1938. National Consumers' League, New York. 39 pp. 20 cents.

Papers by Major Arthur L. Fletcher and Beatrice McConnell present the administrative point of view of the Wage and Hour Division and the Children's Bureau of the United States Department of Labor. Frieda S. Miller contributes suggestions from the experience of New York State with minimum-wage legislation. A paper presented by Paul F. Brissenden, Economic Implications of the Wages and Hours Act, is followed by discussion by J. Raymond Walsh and by a reply submitted subsequently by Mr. Brissenden. The concluding paper, by Robert J. Watt, presents some suggestions for adapting the standards of the Fair Labor Standards Act for use in State legislation.

A STUDY OF JUNIOR APPLICANTS IN SPRINGFIELD, MASS., by Amy Hewes, Ph.D. *Employment Service News*, U. S. Department of Labor, vol. 5, no. 11 (November 1938), p. 17.

The records of 1,357 junior applicants at the Springfield office of the Massachusetts State Employment Service were studied in February and March 1938 by students in the social-statistics course at Mount Holyoke College under the direction of the author. More than two-fifths of the group had had some high-school experience, 380 applicants had attended vocational school, and 45 were in evening school. Examination of the reported reasons for leaving the last job held by the applicants revealed that 56 percent had been laid off.



# GENERAL CHILD WELFARE

## THE WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY

RADIO TALK BY FRANCES PERKINS, SECRETARY OF LABOR<sup>1</sup>

The great interest which citizens in all parts of the United States are showing in the forthcoming White House Conference on Children in a Democracy is very gratifying to all of us who are engaged in planning for it. I am grateful indeed for this opportunity to answer some of the inquiries about the conference which have come to me as its chairman and to discuss the reasons why I think it is a very important undertaking.

It was just 30 years ago that the first White House Conference on the Care of Dependent Children assembled at the call of President Theodore Roosevelt. Other conferences under Presidential auspices were held in 1919 and 1930, so that this conference is the fourth in a series of White House conferences organized to consider the extent to which the needs of children are being met by our democratic civilization.

Perhaps some people may wonder why we need a White House conference to express our affectionate concern in the welfare of children. Nowhere, I feel sure, are the interests of children more deeply cherished than in America. Our forefathers came to this Western Hemisphere chiefly for the purpose of founding homes under conditions where their children would be able to enjoy freedom and opportunity for the fullest possible development of their inborn capacities. Our Nation was the first in the world to establish a special agency of the National Government for the service of children. The support which professional and citizen groups in the United States have given to the Children's Bureau of the United States Department of Labor bears witness to the place which children hold in this country.

It is our awareness of the importance of centering attention, in the development of our American democracy, upon those in the population who are in the most formative and impressionable period of life, namely, on the children, that leads us to

review the extent to which their needs are being met and the ways in which we may assure to them those safeguards and opportunities upon which their growth and development depend.

The first session of the conference will be held at the White House on April 26, 1939, and will be opened by President Roosevelt, who has consented to serve as Honorary Chairman. Arrangements have been made by a planning committee of some 70 men and women who are leaders in our national life. The Governor of each State has been asked to recommend a representative of his State for membership in the conference. Approximately 550 persons, including members of the planning committee and State representatives, are being invited to participate in the work of the conference. The first session will be for the purpose of determining what are the most important subjects to be considered and how best to organize the conference activities. Following this session there will be a period of 6 or 8 months devoted to committee work with a final meeting early in 1940 to consider the material brought together by the committees and their conclusions concerning the ways in which the aims of a democratic society for children may be brought to fuller realization.

I am glad to say that the group which will be assembling at the White House on the morning of the twenty-sixth will not be confined to any single group of specialists. It is essential, if the work of the conference is to be a success, that the widest possible range of activities and knowledge of children be drawn upon. The list of persons invited includes economists, physicians, nurses, educators, social workers, clergymen, editors, persons responsible for business administration and for directing the work of labor organizations, persons having special knowledge of child labor and of employment opportunities for children, and recreation leaders. There will be present also persons who have served actively in organizations such as the General Federation of

<sup>1</sup>Broadcast over Mutual Broadcasting System, April 5, 1939.

Women's Clubs, the Congress of Parents and Teachers, the American Legion, and many other agencies through which the interest of citizens in public welfare finds expression.

The first White House conference, held in 1909, was concerned with the care of dependent children. Its keynote was expressed in these words, "Home life is the highest and finest product of civilization. Children should not be deprived of it except for urgent and compelling reasons." That conference established the principle that children should not be removed from their own homes for reasons of poverty alone. The principle found expression in the mothers' pension movement, and today we see its results in the fact that more than 600,000 children are being cared for through those provisions of the Social Security Act which provide home care for dependent children.

The purposes of the fourth conference are perhaps more similar to those of the first conference than to those of the conferences held in 1919 and 1930. The theme of the fourth conference is democracy--that concept of social and political organization which regards the development of the human personality in an atmosphere of freedom as the central aim of the social order and which, therefore, cherishes the family as the primary social unit. The 1919 conference, held under the auspices of President Wilson, was directed toward the advancement of minimum standards of child welfare as sharply defined in the period of social stress which the war years represent. The 1930 conference, sponsored by President Hoover, was an attempt to assemble and make available all that science and material progress could teach us of the ways in which child life can be nurtured.

I do not need to describe the great changes that have taken place in the last 10 years. Each morning when we pick up the daily paper we read of the problems which these changes have brought and the efforts that are being made to solve them. Our task today is to see that in our earnest endeavor to find a solution for some of these problems the needs of children are not overlooked or forgotten. In the report of the Cabinet Committee which developed the outlines of the social-security program, it was stated that "it must not for a moment be forgotten that the core of any social plan must be the child. Every proposition we make

must adhere to this core." This statement still holds true. A major purpose of the forthcoming White House conference will be to see that the needs of children and the conditions of child life in our country today receive the recognition which their importance demands--that in dealing with the other pressing problems of our national life we never forget that the whole purpose as well as the future of our whole civilization centers around the children.

The name of this conference is Children in a Democracy. Our aim in the United States has been to endeavor to work out a democratic way of living on the basis of agreed procedures set up by the people in a charter or constitution of government. This method presupposes an enlightened citizenship, possessing a conviction of the general purposes of our civilization and the direction in which it should develop, and an understanding of the importance of orderly processes for achieving these purposes.

President Roosevelt, when Miss Lenroot and I went with other members of a committee to see him about the conference, showed his very great interest in the problems of children and youth in this day when world events impress upon us the need for developing and extending the real meaning and benefits of our democracy.

The conference will be reviewing, it seems to me, a great deal of what we know about children and in some ways take for granted. Some of the programs to which we have been devoted for years past are being challenged today. Perhaps this is a good thing. In any case, I think it is well for us to review our own thinking, planning, and activity from a very critical point of view, and from the point of view of usefulness to the present and to the future life of this country. We are challenged today, not only with regard to the usefulness of what we have done, but also with this question, "What is democracy and where is it leading us? What is the purpose--the unifying purpose--of life on this continent and in that part of it which we call the United States of America?" I am more and more convinced myself that what we are looking for, all of us, is a unifying purpose.

The forthcoming conference will not engage in extensive research in new fields nor attempt to break new ground; rather, it will deal with the

meaning of democracy to children and youth, not only from the point of view of the safeguards and opportunities it assures to individuals, but also in relation to what children and youth should be prepared to give in the service of democracy.

As I see it there will probably be two main points of emphasis in the work of the conference and the committees which will be organized as part of this undertaking: First, the economic factors which underlie the security of home life, which we are convinced is the highest product of civilization and the safest basis of democratic order; and second, conditions and factors which make for the freedom of development of the individual and assure him that he will have some chance for utilizing his inborn capacities and talents in satisfying and worth-while ways within the framework of democratic institutions.

This conference will have available to it much more complete information concerning the economic basis for family life than has been provided for any previous conference. During no single decade of our history has there been as complete study of the facts pertaining to our economic structure and activities as during the period since 1929. When I review the reports which come to me periodically from the Bureau of Labor Statistics on the amount of employment in the United States and the payroll index, I think of what they mean in terms of the opportunities afforded heads of families for earning a living. Statistics of employment and unemployment have their greatest significance when considered in relation to what they mean to parents and children. Measures for agricultural and industrial recovery, for fair labor standards, and for social security are ways in which we are trying to strengthen family life in this country. Through the Wage and Hour Division operating under the new Fair Labor Standards Act efforts are being made to afford the wage earners of this country minimum standards of pay and of working hours. The extension of facilities for good housing is basic to the establishment of good homes. It is incompatible with the principles of our democracy that children should be without decent homes or nourishing food, without protection for health or opportunities for education, or that the income of parents should be so inadequate that they cannot provide for their children the type of home life

essential for their normal growth and development.

In general the responsibility for the care and rearing of children rests most heavily on the persons and on the parts of the country with the poorest economic resources. In 1930 the farmers received only 9 percent of the national income, but the farm population was responsible for the care and education of nearly one-third of the children of the country. The National Resources Committee, in a study of consumer income for 1935-36, showed that among 29,000,000 families of two or more persons sharing a common income and living under one roof, 14 percent had incomes of less than \$500 during the year studied.

One of the ways in which the Federal Government and the States are trying to meet this problem of family income is through the public-assistance provisions of the Social Security Act. The Federal-State program of aid to dependent children has lagged behind the program of old-age assistance and the House Committee on Ways and Means has had under consideration recommendations of the Social Security Board transmitted to Congress by the President in January 1939. These recommendations would raise the Federal contribution for aid to dependent children to 50 percent (the same as for aid to the old and the blind), permit aid to the age of 18 years if the child is in school, and liberalize the maximum amounts of payments for which Federal contribution is authorized. It is urgent that steps be taken to provide more adequately for children whose homes are broken or who lack support because of the death, desertion, or disability of a parent. We all want to see old people cared for adequately and in comfort, but we must not forget that the future of America depends upon the child and the opportunities for security, health, and growth available to him.

Studies made by the Interdepartmental Committee To Coordinate Health and Welfare Activities indicate that despite the real progress that has been made in recent years, there are still serious gaps in our preventive health services. We know, for instance, that about two-thirds of the rural areas of the country lack clinics or health centers and that in about one-third of the counties in the United States there is still no public-health nurse to look after the health of mothers and children in rural communities.

State child-labor laws are tending to establish 16 years as the minimum age for regular employment of young persons in industry. This is the minimum-age standard set in the Fair Labor Standards Act of 1938. Raising the age of entrance into industrial employment, whether by legislation or through economic changes, makes it all the more necessary for us to face the need for the development of the schools so that they will afford opportunity for children of all ages from the nursery school or kindergarten through the

secondary-school period if childhood is to be a time of progressive growth and development.

These are some of the questions which will be under consideration during the coming year, under the leadership of the White House Conference on Children in a Democracy. The conference will be a success if its work is followed by citizens all over the country with understanding and with appreciation of what all such efforts mean to those values which we in America hold most dear.

#### CONFERENCE CALENDAR

May 8-14	General Federation of Women's Clubs. Council meeting, San Francisco.	July 7-27	Fourteenth Seminar in Mexico. Committee on Cultural Relations With Latin America, 156 Fifth Ave., N. Y. Seminar sessions will be held in Cuernavaca, Puebla, and Mexico City.
May 12-13	American Heart Association. Fifteenth scientific meeting, St. Louis. Headquarters: 50 West Fiftieth St., New York.	July 8-15	International Federation for Housing and Town Planning. Stockholm, Sweden.
May 15-19	American Medical Association. Ninetieth annual meeting, St. Louis.	July 16-22	Fourth World Congress of Workers for the Crippled, Bedford College, London. Joint auspices of the International Society for Crippled Children (Elyria, Ohio) and the English Central Council for Care of Cripples. Information on sailings: H.W. Roden, Travel Bureau, Mellon National Bank, Pittsburgh, Pa.
May 15-20	Fourth International Congress of Comparative Pathology. Rome, Italy.	July 17-21	American Dental Association. Annual meeting, Milwaukee.
May 20-24	Florence Crittenton League. Fifty-sixth National Florence Crittenton Conference, Boston. Headquarters: 88 Tremont St., Boston.	Aug. 6-11	World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro. S. S. Rotterdam summer cruise sailing from New York July 5 and from New Orleans July 10, return to New York August 27. Permanent headquarters: 1201 Sixteenth St. NW., Washington, D. C.
June 18-24	American Library Association. Annual conference, San Francisco.	Aug. 14-18	National Medical Association. New York.
June 18-25	National Conference of Social Work. Sixty-fifth annual session, Buffalo, N. Y. General Secretary: Howard R. Knight, 82 North High St., Columbus, Ohio.	Aug. 27-31	American Dietetic Association. Annual meeting, Los Angeles.
June 20-22	American Public Welfare Association. Buffalo, N. Y.	Sept. 11-15	American Congress on Obstetrics and Gynecology. Sponsored by American Committee on Maternal Welfare. Cleveland, Fred L. Adair, M. D., Chairman.
June 20-23	American Home Economics Association. Thirty-second annual meeting, San Antonio, Tex.	Oct. 12-19	Eighth Pan American Child Congress. San Jose, Costa Rica.
June 26-29	National Tuberculosis Association. Thirty-fifth annual meeting, Boston. Permanent headquarters: 50 West Fiftieth St., New York.	Oct. 22-25	International Society for Crippled Children and National Society for Crippled Children. Annual meeting, Dallas, Tex.
June 27-29	National Conference on Maternity and Child Welfare. London.		
July 2-6	National Education Association. Seventy-seventh annual convention, San Francisco. For reservations write to Chairman, N.E.A. Housing Committee, 200 Exposition Auditorium, San Francisco.		

#### PAN AMERICAN CHILD CONGRESS POSTPONED TO OCTOBER 12-19, 1939

Notice has been received from the Department of State that the Eighth Pan American Child Congress will be held at San José, Costa Rica, October 12-19, 1939. The postponement was made by Executive Decree published in the Official Gazette of Costa Rica on March 24.

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# Child

Monthly News Summary



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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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## UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY



THE CHILD

MONTHLY NEWS SUMMARY

Volume 3, Number 11

May 1939

## THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

### LEARNING TO WALK AT SIXTEEN

Sara was a pretty girl of fair complexion, with blond hair worn in a long bob. She had a happy disposition and was loved by everyone who knew her. She was an adept at horseback riding and enjoyed it, because on horseback she was as tall, swift, and graceful as other girls of her age. But indoors, Sara moved around on her knees, which were protected by heavy leather pads, and her eyes barely came above the top of the dining-room table. She had congenital deformities of both legs, and neither leg had ever developed more than slightly below the knee.

Sara had managed to complete grade school at 14 years of age and appeared to be somewhat above the average in intelligence. Nevertheless, she did not enter high school, but repeated the eighth grade in order to keep herself occupied. There were good reasons for this. The high school was too far away from her home. There was little money for school books, clothes, or transportation. The farm more than 200 miles east of the

Mississippi River where she lived with her parents and two brothers yielded such poor return that her father was obliged that year to supplement his income through WPA employment.

The director of child-welfare services, who knew Sara, believed, however, that there was another reason why Sara did not enter high school. Although she seemed to be a well-adjusted girl in other respects, she was beginning to show marked self-consciousness and avoided meeting strangers. It seemed very doubtful whether Sara would ever bring herself to enter high school, once she had dropped behind her classmates.

Then a crippled children's division was opened in the State department of public welfare. The director of child-welfare services promptly referred Sara's case to the new division, even before the Federal social-security funds, upon which the division operates, were actually available. Sara was directed to an orthopedic surgeon in a large city for her first examination. Her father

had never been so far from home and was terrified at thought of the city, but was finally persuaded to drive Sara there.

After examination Sara was admitted to the orthopedic hospital. It was necessary to perform five operations on the stumps of her legs before she could maintain balance or use artificial legs. Because of the flexed position in which her knees had been held for years, it was necessary to do radical operations termed supracondylar osteotomies on both knees and an arthrodesis of the short stump on the right leg. Finally, the irregular ends and small bones of both stumps were excised, and the ends of the stumps were smoothly rounded off. She was then ready for measurements to be taken for artificial legs.



Although the stump of the right leg was very short, the surgeon ordered two bilateral knee-joint legs, and Sara justified his optimism by gradually increasing the use of the motion in the knees. In only a few days she was able to take a few steps unassisted. She stayed in the hospital several weeks longer to practice walking, using a "walker" in the beginning as a means of learning balance. When she was discharged she was able to walk without any assistance,

although she carried two canes for use in muddy weather or on uneven roads.

The crippled children's division accepted financial responsibility for Sara's hospital care and for the artificial legs.

When Sara returned home, 5 feet 3 inches tall, her mother had to get new clothes for her, as everything she had worn before was much too short. Her self-consciousness had vanished, and her joy in living was an inspiration to all. When school opened in September she entered high school, in spite of the distance to be traveled and in spite of the lack of money. She returns to the clinic occasionally for a check-up. She is doing well in high school and enjoying it.



Ed. Note.--Sara's story is used by permission of her parents in the hope that it may be of help to other unfortunate children by illustrating the services available for crippled children under the Social Security Act. In order to conceal her identity, a fictitious name has been used and the name of the State agency omitted.



## DENTAL-HEALTH EDUCATION IN A NEBRASKA COMMUNITY

FROM A REPORT BY J. R. THOMPSON, D. D. S.,  
DIRECTOR OF DENTAL HYGIENE, NEBRASKA STATE DEPARTMENT OF HEALTH

A program of dental-health education was initiated when the mothers' club in one Nebraska community, a town of 2,500 population, asked the State director of dental hygiene how to obtain dental examinations for the 380 pupils in the grade schools.

The State director of dental hygiene visited the town and found members of the dental profession, the superintendent of schools, and a number of citizens interested in a program of dental health. A meeting was called and a dental-health club formed, composed of 24 members. The director of dental hygiene advised that the program be broadened to reach not only school children but expectant mothers and the parents of preschool and school children. All grade-school teachers were provided with educational material and with cards urging children to visit their dentists. It was decided to omit dental examinations by dentists in the schools and to stress instead the importance of dental examinations in the office of the family dentist.

Early in the school year the director of dental hygiene visited the town and gave talks on preventive dentistry illustrated by motion pictures in the schools and at the county fair, and later in the year he gave an informal talk in each school room. Local dentists gave illustrated talks before various lay and civic organizations.

The success of the program was evidenced by

the fact that at the end of the first semester 62 percent of the grade-school children had had all the necessary dental work done to put their mouths in a healthy condition. Investigation was made, which showed that the parents of most of the remaining children had no money with which to pay for dental services. It seemed likely that among so many children needing dental care and unable to pay for it there were other important health needs. A preliminary survey recommended by the Kiwanis Club disclosed 60 families on relief, with many children needing dental care, medical care, tonsillectomies, glasses, and so forth.

To meet this situation, arrangements were made so that parents who were willing to cooperate were allowed to select their own dentist and physician, the service being paid for by the several lay and civic organizations. When funds were exhausted a carnival was held and the proceeds used to meet the cost of corrections. Thirty-five children received needed dental care; 15 children, medical care; 25 children, glasses; 7 children, tonsillectomies; 17 children, additional clothing. Milk was supplied in some cases.

At the end of the school year, as the result of the year's work, 82 percent of the grade-school children in the public schools and 62 percent of the grade-school children in the normal training school had had all necessary dental work done. The first and third grades of the public schools had every name on the dental-health honor roll.



# MATERNAL, INFANT, AND CHILD HEALTH

## NEWS NOTES

*Birth-registration  
procedure in  
Connecticut*

"Are you sure that you  
were born?" asked William  
C. Welling, director of

the Bureau of Vital Statistics, Connecticut State  
Department of Health, over the radio on January 3,  
1939.

Mr. Welling explained that in Connecticut, as  
in many other States, State law has for many years  
attempted to guarantee to each citizen born an  
official record of his birth in the form of a  
birth certificate. Every physician and midwife  
is supplied by the State with birth certificates,  
prepared on special paper of fine quality and de-  
signed to be permanent records. According to State  
requirements in Connecticut, birth certificates  
should be filled out with black ink and should be  
filed within 10 days of the birth of a baby.

"If this portion of the law were obeyed 100  
percent," said Mr. Welling, "certain other sec-  
tions would not be in the statutes. I hope it will  
come to my listeners somewhat as a shock. . . that  
a considerable number of birth certificates are  
filed late. There is no official record that some  
persons in the State actually exist. Some [certif-  
icates] are filed several months late, and some are  
recorded even years after the birth. . .

"The department of health offers to check  
whether you officially exist. Anyone who has the  
slightest doubt about the recording of his or her

birth certificate should immediately ascertain  
whether or not it is on file. You may need it at  
any moment. Frequently in the department of health  
we have special-delivery letters or telegrams  
stating that proof of birth must be established  
at once either to secure work or for some other  
reason. . . . If you wish to check on your birth,  
write to the State department of health, giving  
the place and date of your birth, with the name  
of your father and the maiden name of your mother."

Ed. Note.--The registration of births is now  
required in every State of the United States. The  
last of the 48 States entered the birth-registra-  
tion area in 1933.

*American Public  
Health Association  
Year Book published*

Ninth Annual Year Book,  
American Public Health  
Association, 1938-39,

has been issued as a 120-page supplement to the  
*American Journal of Public Health*, vol. 29, no.  
2 (February 1939).

Members of the section councils and commit-  
tees are listed and committee reports printed.  
Among the committee reports is an abstract of a  
report on school-health policies by the committee  
on school-health service of the Child Hygiene Sec-  
tion. Other reports are in the fields of hygiene  
of housing, food and nutrition, industrial hy-  
giene, laboratory, public-health engineering, and  
vital statistics.

## BOOK AND PERIODICAL NOTES

### A. Maternal and Infant Health

THE EFFECT OF ORDER OF BIRTH AND AGE OF PARENTS UP-  
ON NEONATAL MORTALITY, by J. Yerushalmy. *Ameri-  
can Sociological Review*, vol. 3, no. 6 (December  
1938), pp. 868-872.

Study of 82,140 live births that occurred in  
New York State, exclusive of New York City, in  
1936 showed that more than 4 percent of the in-  
fants were prematurely born.

Premature births were close to 5 percent of  
first births and of births higher than the sixth,  
but formed only 3.7 percent of births of order two  
to five. The neonatal mortality rate was more

than 25 times as high for prematurely born infants  
as for infants who were carried to full term and  
the rate rose continuously with order of birth:  
The rate for first births was lowest (329.4) and  
for births of highest order it was 644.4 per 1,000  
live births. The neonatal mortality rate for all  
full-term infants was only 15.2.

For stillbirths, which were almost as numer-  
ous as neonatal deaths, the rate by order of birth  
followed a course similar to that of neonatal mor-  
tality, with the minimum rate recorded for second  
births.

(Continued on next page.)

The variations in neonatal mortality rates of premature infants by age of mother were not so distinct as they were by order of birth. The general trend, however, was upward with age of mother.

Stillbirth rates uniformly increased with age of mother, except that the rate was lowest for infants of mothers 20 to 24 years of age.

DESIGNED FOR PREMATURE INFANTS, by Asa S. Bacon. *Modern Hospital*, vol. 52, no. 1 (January 1939), pp. 61-62.

Individual air-conditioned cubicles are the distinguishing feature of the new nursery for premature infants recently opened by the Presbyterian Hospital of Chicago. In this article photographs are shown of the cubicles, and the devices employed to protect the babies from infection are described.

A RURAL HOME-DELIVERY SERVICE, by James E. Perkins, M. D., and Florence B. Williams, R. N. *Public Health Nursing*, vol. 31, no. 3 (March 1939), pp. 144-151.

The development of home-delivery-nursing service in two rural counties in New York State during the first 6 months of operation is described in this article.

Nursing assistance was given at 83 of a total of 158 rural home deliveries during this period.

COOPERATIVE OBSTETRIC DELIVERY SERVICE BY PRIVATE PHYSICIANS AND COUNTY HEALTH DEPARTMENTS, by Maxwell E. Lapham, M. D. *Southern Medical Journal*, vol. 32, no. 2 (February 1939), pp. 191-197.

On the basis of recent studies of maternal and neonatal care made in Gibson County, Tenn., and in Pike County, Miss., Dr. Lapham concludes that public-health supervision during the antepartum and postpartum periods apparently lowered the stillbirth rate and the death rate among mothers slightly and the neonatal death rate appreciably, and that the management of labor and delivery has a definite bearing on maternal and fetal mortality.

Home-delivery-nursing service has been established in both counties, and Dr. Lapham reports that the doctors and nurses in both counties are, in the main, appreciating it very much, but that it is still too early to determine the effect of this service on the mortality rates.

EXPERIENCE OF THE VICTORIAN ORDER OF NURSES FOR CANADA WITH CASES OF PREGNANCY AS REFLECTED BY CASE RECORDS, by J. T. Phair, D. P. H., A. Hardisty Sellers, M. D., D. P. H., and Mary Ferguson, R. N. *American Journal of Public Health*, vol. 29, no. 3 (March 1939), pp. 248-252.

Some 6 years ago, the Department of Health for the Province of Ontario asked the physicians of the Province to supply certain data in regard to all cases in which death was associated with pregnancy. This was made obligatory by statute a year later. Review of the data obtained led to the conviction that specific information was needed in regard to the women (995 of every 1,000) who, following pregnancy, do not die.

In order to obtain accurate information in regard to pregnancies not followed by death, the help was enlisted of the Victorian Order of Nurses for Canada, a national organization that provides bedside nursing of a high standard in many Canadian cities.

The present article reports briefly the findings on the slightly more than 5,000 records tabulated relating to women served in 1935 and 1936. Most of the women served were in the lower wage-earning brackets; about half saw the doctor before the end of the sixth month of pregnancy; only 12 percent were hospitalized. Of the cases tabulated 109 women aborted, 108 had miscarriages, 4,681 gave birth to living infants, and in 158 cases the infants were born dead. In 15 cases the mothers died. The neonatal death rate in the group under review was less than 27 per 1,000 live births, in contrast to the provincial rate of 32.4 in Ontario.

It is believed that when the statistical analysis is completed for the 10,000 cases included in the study, the data will assist materially in placing in the proper sequence some of the factors known to contribute to the maternal morbidity rate and presumably the mortality rate.

METHODOLOGY OF DATA COLLECTION AND ORGANIZATION, by Jean Walker Macfarlane. *Studies in Child Guidance*, I. Monographs of Society for Research in Child Development, vol. 3, no. 6. Washington, 1938. Processed. 254 pp.

Essentially a clinical genetic study, this report is the first of a series growing out of a

still-continuing longitudinal study of the personality and behavior development of a group of normal children, by which it is hoped to test the usefulness of certain current child-guidance procedures in both preventive and therapeutic aspects. This first publication deals largely with clinical and statistical methodology.

One chapter includes material on maternity, birth, and early development; mental development during the preschool period; and physical development.

#### B. Public Health

PERSONAL AND COMMUNITY HEALTH, by C. E. Turner, P. H. D. Fifth edition. C. V. Mosby Co., St. Louis. 1939. 652 pp. \$3.

The present edition of this text for college-level groups reflects the continued teaching experience of the writer and of other teachers who have used the book and offered constructive suggestions.

Part 1 contains 20 chapters on various physiologic and hygienic aspects of personal health. Part 2, on community health, includes chapters on maternal and child hygiene, school hygiene, and industrial hygiene.

COMMUNITY HEALTH ORGANIZATION, Edited by Ira V. Hiscock. Third edition. Commonwealth Fund, New York. 1939. 318 pp. \$2.50.

The first edition of Community Health Organization was published by the American Public Health Association in 1927 to make available the work of the Committee on Administrative Practice in drafting plans for community health programs. In 1932 a revised edition, issued by the Commonwealth Fund, presented a more complete and adequate statement of community organization.

The 1939 edition again brings the book up to date for the use of health officials, public-health nurses, and teachers of public health. In view of the rapid changes that have taken place in public-health conditions and in the attitudes of the public and of officials toward health problems, most of the chapters have been rewritten and new material has been added.

The chapter on maternal and child health in the new edition contains new material on the Conference on Better Care for Mothers and Babies held in January 1938, on the maternal and child-health

services and services for crippled children administered by the Children's Bureau under the Social Security Act, and on the supervision of foster homes.

A new chapter, The Health Survey, has been added to the book.

HEALTH-INSURANCE PLANS: B.--GROUP-HEALTH-INSURANCE PLANS. National Industrial Conference Board, Studies in Personnel Policy, No. 10, New York, February 1939. 31 pp.

This is a study of group-health insurance based upon information gathered in July and August 1938 from 144 companies with active group-health-insurance plans. Eligibility requirements, cost, and benefits are discussed and set forth in tables.

#### C. Nutrition

NUTRITIONAL REQUIREMENTS AND DEFICIENCIES IN PREGNANCY, by Maurice B. Strauss, M. D. *Journal of American Dietetic Association*, vol. 15, no. 4 (April 1939), pp. 231-238.

In this short review article the author presents evidence to support his point of view that the physiologic strain of childbirth requires dietary factors to be increased from 10 to as much as 100 percent over the standard requirements for women. Decrying "the type of dietary restriction which has enjoyed obstetric popularity in recent decades," Dr. Strauss urges that obstetricians strive for optimal nutrition rather than subsistence nutrition in the pregnant woman. He concludes that many of the so-called toxic manifestations of pregnancy are caused by "inadequate maternal nutrition, and that this may manifest itself not only in the health of expectant mothers but also in disorders in their infants."

SUMMER DIETS OF THE POOR IN WASHINGTON, D. C., by Dorothy G. Wiehl and Carroll E. Palmer. *Milbank Memorial Fund Quarterly*, vol. 17, no. 1 (January 1939), pp. 5-28.

Between June 27 and July 23, 1938, the Milbank Memorial Fund and the National Institute of Health recorded the foods consumed during a 2-day period by 292 white families and 310 Negro families in Washington. The families were grouped according to their economic status as: Families aided by the Public Assistance Department, families with a member on the payroll of a WPA project, and non-relief families with one employed worker or more

living in the same neighborhood as the relief families.

It was estimated that about \$5.33 weekly income per "food-cost unit" (cost of food for an adult male) was necessary to maintain an emergency standard of living in Washington. Most of the families receiving public-assistance funds had a weekly income of less than \$5.33 per food-cost unit. Less than half the white families and one-fourth of the Negro families in the WPA group had \$5.33 or more per food-cost unit. Three-fourths of the white families and more than one-third of the Negro families whose income was derived from nonrelief sources met or exceeded the emergency level of \$5.33 per food-cost unit.

The diets were evaluated as to their adequacy in calories, protein, calcium, and iron. The families at the lowest income level (under \$2.67 per food-cost unit per week) tended to have diets that were inadequate in all these dietary essentials. At the higher income level (\$6.67 or more per food-cost unit per week) the white families tended to have diets that were adequate in all the essentials under consideration; the Negro families obtained liberal quantities of foods supplying protein and calories but tended to get too little calcium, largely because they used such small amounts of dairy products.

It is pointed out that the study was made in the summer, when vegetables and fruits are relatively abundant and cheap.

**NUTRITIONAL ANEMIA IN AN INDUSTRIAL DISTRICT**, by James H. Hutchison, M. B. *Archives of Disease in Childhood* (London), vol. 13, no. 76 (December 1938), pp. 355-365.

Results of a study of iron-deficiency anemia in 300 infants under the supervision of a welfare clinic in a densely populated industrial area of Glasgow are reported in this article. The infants were all under 1 year of age and were considered healthy by their mothers. Twenty-six percent of the breast-fed infants and 35 percent of the bottle-fed infants showed hemoglobin values at least 10 percent below the normal values for their respective ages, as determined by Mackay. The percentages of deficiency were higher if infants under 6 months of age were excluded.

The author discusses undue prolongation of exclusive milk diet, low birth weight, and infec-

tions, as factors influencing the development of this type of anemia.

**SURVEY OF NATIONAL NUTRITION POLICIES, 1937-38.** League of Nations Publications, II. Economic and Financial 1938.II.A.25. Geneva, November 30, 1938. 120 pp. Columbia University Press, New York, price 60 cents.

The nutrition work of the League of Nations is carried on through two channels, the Technical Commission on Nutrition and the National Nutrition Committees. The work of the Technical Commission, which has met twice since the Final Report of the Mixed Committee on Nutrition was submitted to the Assembly in October 1937, is mentioned very briefly in the present volume, which constitutes the first annual report of the National Nutrition Committees set up by the Governments of 21 countries as recommended by the Mixed Committee.

The second annual meeting of representatives of the National Nutrition Committees was held in Geneva, October 24-28, 1938, with 16 countries represented. Statements were made by all delegates regarding the progress of nutrition work in their respective countries. The facts brought to light in these statements and in the discussion they occasioned, together with data from reports furnished to the League Secretariat by the Governments, have been incorporated in chapters on nutrition surveys in certain countries and their results and on special research.

Studies of nutrition among groups of children were reported from Australia, Belgium, Finland, Hungary, India, Iraq, Netherlands, Norway, Sweden, United States of America, and Yugoslavia (infants only), and studies of nutrition of nursing and expectant mothers from the United Kingdom.

Comparison of the present report with the report on Nutrition in Various Countries, published in 1936, shows that since the Assembly of the League of Nations began its work through the National Nutrition Committees, the contributing countries have developed a new point of view in regard to national nutrition. Instead of viewing nutrition programs primarily as a means of maintaining the physical fitness of their fighting forces or of improving their agricultural economy they now tend to consider the well-being of the people as a whole as the objective.

# CHILD LABOR

## PERMANENT REGULATION ISSUED RELATING TO EMPLOYMENT OF MINORS BETWEEN 14 AND 16 YEARS OF AGE

The Chief of the Children's Bureau has issued Permanent Regulation No. 3, effective May 24, 1939, relating to the employment of minors between 14 and 16 years of age under the Fair Labor Standards Act of 1938. The regulation is based on the experience of the Children's Bureau in administering Temporary Regulation No. 3 and on the consideration of statements made and briefs filed in connection with a public hearing held by the Bureau on February 15, 1939.

The regulation, published in the *Federal Register*, May 11, 1939, specified conditions for employment of minors between 14 and 16 years of age, as follows:

Sec. 441.1 *Effect of this regulation.*--In all occupations covered by this regulation the employment (including suffering or permitting to work) by an employer of minor employees between 14 and 16 years of age for the periods and under the conditions hereafter specified shall not be deemed to be oppressive child labor within the meaning of the Fair Labor Standards Act of 1938.

Sec. 441.2 *Occupations.*--This regulation shall apply to all occupations other than the following:

(a) Manufacturing, mining, or processing occupations, including occupations requiring the performance of any duties in work rooms or work places where goods are manufactured, mined, or otherwise processed.

(b) Occupations which involve the operation or tending of hoisting apparatus or of any power-driven machinery other than office machines.

(c) The operation of motor vehicles or service as helpers on such vehicles.

(d) Public messenger service.

(e) Occupations which the Chief of the Children's Bureau may, pursuant to section 3(1) of the Act, find and declare to be hazardous for the employment of minors between 16 and 18 years of age or detrimental to their health or well-being.

Sec. 441.3 *Periods and conditions of employment.*--Employment in any of the occupations to which this regulation is applicable shall be confined to the following periods:

(a) Outside school hours.

(b) Not more than 40 hours in any one week when school is not in session.

(c) Not more than 18 hours in any one week when school is in session.

(d) Not more than 8 hours in any one day when school is not in session.

(e) Not more than 3 hours in any one day when school is in session.

(f) Between 7 a.m. and 7 p.m. in any one day, except in the distribution of newspapers.

(g) Between 6 a.m. and 7 p.m. in any one day in the distribution of newspapers, except that during the period from April 1 to September 30 in each year the evening limit shall be 8 p.m.; *Provided, however,* that no minor shall be employed in the distribution of newspapers both before and after noon of any day when school is in session except between the hours of 7 a.m. and 7 p.m.

(h) Paragraphs (f) and (g) hereof shall refer to standard time except that wherever daylight-saving time is adopted as the official time of a community paragraphs (f) and (g) shall refer to daylight-saving time.

Sec. 441.4 *Certificates of age, effect.*--The employment of any minor in any of the occupations to which this regulation is applicable, if confined to the periods specified in section 441.3, shall not be deemed to constitute oppressive child labor within the meaning of the Act if the employer shall have on file an unexpired certificate, issued in substantially the same manner as that provided for the issuance of certificates in part 401<sup>1</sup> relating to certificates of age or in Child-Labor Regulation No. 1-A, as amended,<sup>2</sup> relating to temporary certificates of age, certifying that such minor is of an age between 14 and 16 years.

Sec. 441.5 *Effect on other laws.*--No provision of this regulation shall under any circumstances justify or be construed to permit non-compliance with the wage and hour provisions of the Act or with the provisions of any other Federal law or of any State law or municipal ordinance establishing higher standards than those established under this regulation.

Sec. 441.6 *Effective period of regulation.*--This regulation shall be in force and effect from

<sup>1</sup>Child-Labor Regulation No. 1, "Certificates of Age," issued October 14, 1938, published in 3 F. R. 2487 DI, October 15, 1938; republished in 4 F. R. 1361 DI, March 29, 1939.

<sup>2</sup>Child-Labor Regulation No. 1-A, "Temporary Certificates of Age," issued October 14, 1938, published in 3 F. R. 2531 DI, October 22, 1938; Child-Labor Regulation No. 1-B, "Extension of Temporary Certificates of Age Regulation," issued January 19, 1939, published in 4 F. R. 402 DI, January 24, 1939; Child-Labor Regulation No. 1-C, "Extension of Temporary Certificates of Age Regulation," issued April 14, 1939, published in 4 F. R. 1620 DI, April 15, 1939.

May 24, 1939, until amended or repealed by regulations hereafter made by the Chief of the Bureau.

Sec. 441.7 *Revision of regulation.*--Any person wishing a revision of any of the terms of this regulation may submit in writing to the Chief of the Bureau a petition setting forth the changes desired and the reasons for proposing them. If, after consideration of the petition, the Chief of

the Bureau believes that reasonable cause for amendment of the regulation is set forth, he shall either schedule a hearing with due notice to interested parties, or shall make other provision for affording interested parties an opportunity to be heard.

Katharine F. Lenroot,  
Chief of the Children's Bureau.

#### NEWS NOTES

##### *Issuance of age certificates under Fair Labor Standards Act*

Redesignation of 42 States and the District of Columbia as States in which State age, employment, or working

certificates shall have the same force and effect as Federal certificates was announced by the Chief of the Children's Bureau April 24, 1939, when the temporary designation expired.

In two States, Mississippi and Idaho, Federal age certificates are now being issued in accordance with the provisions of the Fair Labor Standards Act of 1938. This leaves only 4 States, therefore, in which satisfactory arrangements for the issuance of age certificates have not been worked out. Plans for designation of North Dakota for acceptance of State certificates are nearly completed (May 15). In the three remaining States--Iowa, Louisiana, and Texas--birth certificates or baptismal certificates are accepted in place of age certification under a temporary regulation that will expire July 24, 1939.

##### *Digest of vocational-education reports issued*

The United States Office of Education has issued in mimeographed form a Digest of Annual Reports of State Boards for Vocational Education to the Office of Education, Vocational Division, Fiscal Year Ended June 30, 1938 (Washington, 1939, 95 pp. and tables).

This digest reviews recent developments in vocational education, including agriculture, trade and industry, home economics, and business education, and in vocational rehabilitation.

##### *Pamphlet material for workers' classes*

The Labor Education Service of the Affiliated Schools for Workers has published in revised form an annotated list of pamphlet material for workers' classes (Affiliated Schools for Workers, 302 East Thirty-fifth St., New York, 1938, 45 pp., price 20 cents. Mimeographed). There are sections on the labor movement, labor economics, English and parliamentary law, labor plays, methods and materials.

#### BOOK AND PERIODICAL NOTES

WORK ACCIDENTS TO MINORS IN ILLINOIS, by Earl E. Klein, with editorial note by Grace Abbott. University of Chicago Press, Chicago. 1938. 256 pp. \$1.

Data on employed minors injured in Illinois, the accidents they incurred, and the workmen's compensation benefits they received are the substance of this study measuring current conditions against the social purposes of the Illinois child-labor and workmen's compensation laws.

In making an analysis of young workers' experience under the compensation law this report bases its findings on the 1,233 official accident reports of compensable injuries made in 1933 to the Illinois Industrial Commission for minors

under 21 years of age and on information obtained in interviews with 530 of these injured minors.

Of the 1,233 compensable accidents reported for minors under 21 in 1933, 21 were to minors under 16 years of age and 117 to minors of 16 and 17 years. The need for protecting the 16- and 17-year-old group from employment on certain hazardous types of machinery is vividly suggested by the fact that 10 percent of the accidents to minors 16 or 17 years of age caused by metal-working machinery resulted in amputations. Seven percent of the injured minors 16 and 17 years of age were working in coal mines. The report recommends that the Illinois child-labor law be changed to extend

to minors 16 and 17 years of age the protection from employment in hazardous occupations which now extends only to children under 16.

As for the payment of 50 percent extra compensation to which minors injured when illegally employed are entitled under the Illinois Workmen's Compensation Law, the study found that the State lacked an administrative system adequate for assuring such payment where the worker was entitled to it. The compensation law provides that payments to all minors under 16 years of age be approved by the Industrial Commission, but, to quote the report, "in 9 of the 12 cases of illegally employed minors, the provisions of the Workmen's Compensation Act relating to extra compensation were ignored by employers or the Industrial Commission." Several recommendations are made for the improvement of workmen's compensation administration, especially as it affects minors.

E. S. J.

A SUMMER IN THE COUNTRY. Publication No. 377, National Child Labor Committee, 419 Fourth Ave., New York, March 1939. 25 cents.

This study, carried on in New Jersey during the summer and fall of 1938 by the National Child Labor Committee, covered 251 Philadelphia families who came to New Jersey to work on the farms. It brings up to date the picture presented by the report of the New Jersey Commission To Investigate the Employment of Migratory Children, whose recommendations were presented to the New Jersey legislature in 1931.

The families averaged 7 persons each. Nearly all the children 12 to 16 years of age, inclusive, and nearly half of those 9, 10, and 11 years of age worked in the fields. Of 656 children 8 to 16 years of age, whose school records were furnished by the Philadelphia school authorities, 588 lost some time from school in the spring or fall or both. The average amount of time lost was 39 days of school--exactly the same amount as that reported for 1930 by the New Jersey Commission.

Average family earnings reported were much less than in the earlier year (77 percent of the families earned less than \$400 for the season,

compared with 37 percent in 1930). It could not be determined whether the decrease resulted from lower rates of pay or from the abnormally wet season in 1938, which made work impossible at times. Working hours were found to be long, and housing conditions and sanitation were very unsatisfactory.

LET'S PUT SAFETY INTO THE VOCATIONAL SCHOOL, by Harry Guilbert. *Safety Education*, vol. 18, no. 7 (March 1939), pp. 198-199, 224.

On the basis of 30 years of experience in safety work and many visits to vocational schools in all parts of the country, Mr. Guilbert, safety director of the Pullman Company, finds that as a rule safety is not part of the curriculum in vocational schools. "An unguarded machine is just as dangerous in a school workshop as in a plant," he points out. "The human mind is no more dependable in the school than anywhere else. And the pain of a crippling injury is not mitigated because it was incurred in the pursuit of knowledge."

Mr. Guilbert suggests that a safety program for vocational schools should include an intelligent attitude toward safety, well-designed guards for machines, goggles for work where there is danger of flying sparks or particles, and instruction as to safe clothing and hair arrangements.

AN EXPERIMENTAL PROJECT IN YOUTH GUIDANCE, by Marechal-Neil V. Ellison. *Federator* (Federation of Social Agencies of Pittsburgh and Allegheny County, Pa.), vol. 14, no. 3 (March 1939), pp. 47-49.

A plan for helping Negro youth to prepare for their vocational future, undertaken by the Urban League of Pittsburgh, is described in this paper after its first 6 months of operation.

A library has been begun of pamphlet materials, reports, and manuscripts; personal interviewing is done, also psychological testing, individually and in groups. Sectional youth rallies have been held, bringing together large numbers of Negro youth under capable adult leadership to develop an intelligent attitude toward planning for adult responsibilities.

The Children's Bureau does not distribute the publications to which reference is made in *THE CHILD* except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.



# SOCIALLY HANDICAPPED CHILDREN

## GRACE ABBOTT ON "THE DEPENDENT AND THE DELINQUENT CHILD"<sup>1</sup>

The second volume of the comprehensive publication *The Child and the State* presents through documentary material the growth in acceptance of the principle of public responsibility for the welfare of dependent and delinquent children and the children of unmarried parents.

In this volume Miss Abbott has made a contribution of significance to students of child-welfare services, through making available carefully selected documents that show the gradual evolution of the philosophy and procedures of our present public programs for children. These documents cover a period of more than a century and include laws, interpretations of laws by courts and attorney generals, reports of special commissions and public departments, and some of the outstanding contributions made by persons who have provided leadership in the development of services for children. Important also are the author's introductory sections that interpret the social problems of vital concern at different periods and the significance of the changes effected through legislation and administrative procedures.

Because of the broad scope of the volume the materials are presented in four parts: *The Dependent Child*; *The State and the Child Offender*; *The State and the Child of Unmarried Parents*; and *Organizing for Administration of Child-Welfare Services*. The documents grouped under each of these headings illustrate the beginnings of organized services for children in the United States, the significant stages, both progressive and backward, in the history of services, and the character of the present programs. Documents for England and

Norway are also drawn upon to illustrate special procedures developed in other countries.

In discussing care of dependent children, Miss Abbott outlines the development of public and private agency care for dependent children in different States and traces the influence of lack of public programs of child care on the development of public subsidies or payments for care of children to private agencies. Emphasis is given in this section to the need for development of State services for the protection of children, including supervision of agencies and institutions, sound interstate-placement procedures, and investigations of adoptions. The significance of aid to dependent children in their own homes, earlier known as "mothers' aid," is also emphasized.

Documents relating to institutional care for delinquent children, juvenile courts, and juvenile offenders against Federal laws are presented under the title, "The State and the Child Offender." In discussing the development of special courts for children, the author points out the limited extent to which such courts have been made available for young persons over juvenile-court age and the need for more intelligent treatment for this group.

Miss Abbott raises questions as to the function of the juvenile court in the prevention and cure of delinquency and indicates the need for case-work services, in the schools and in case-work agencies, for children whose conduct problems need psychiatric and social treatment rather than legal treatment. The most significant contributions of specialized courts, such as the juvenile courts, she states, are that the legal questions involved in the change from punishment to treatment have been decided and that the child and his problems instead of the offense have been brought to the fore.

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<sup>1</sup>Abbott, Grace: *The Child and the State*. Vol. II. *The Dependent and the Delinquent Child; The Child of Unmarried Parents*. Social-Service Series, University of Chicago Press, Chicago, 1938. 701 pp. \$3. (For set of 2 volumes, \$5.) Volume 1 was reviewed in the November 1938 issue of *The Child*.

## NEWS NOTES

*Proceedings of annual session of American Association on Mental Deficiency, 1938*

The two volumes of the Proceedings and Addresses of the Annual Session of the American Association on Mental Deficiency,

1938, contain, in addition to the conference papers, a list of members of the association, by States, of officers and committees for 1938-39, and a statement of the objectives of the association. Among the papers presented are: Some Observations on Extramural Care of Mentally Deficient Children, by Agnes K. Hanna; The Work With Retarded Children in the State of Virginia, by Mrs. Catherine J. Wilcox; Social Competence of Delinquent Boys, by Edgar A. Doll and Kathryn A. Fitch; Occupational Therapy in the Training of Birth-Injured Children, by Helen S. Willard; A Behavior Study of Birth Injury, by Arnold Gesell; The Training of the Mentally Deficient in Foster Families, by Myra W. Kuenzel.

*Fifth conference on education and the exceptional child*

Twenty-five years of progress in education was the theme of the fifth conference held by the Child Research Clinic of

the Woods Schools, Langhorne, Pa., on April 25, 1939. Charlotte Easby Grave, consulting psychologist of the Woods Schools, described 25 years of progress in education at the Woods Schools. Guest speakers at the morning session were Frank Astor,

of the Bureau of Child Guidance, New York, and Garry Cleveland Myers, of Western Reserve University, Cleveland. At the afternoon session, C. E. Benson, of the Department of Educational Psychology, New York University, and Sidonie Matsner Gruenberg, of the Child Study Association of America, New York, spoke on the application of the latest knowledge in the fields of mental hygiene and of child study to education.

*British Social Hygiene Council leaflets*

Two pamphlets recently received from the British Social Hygiene Council

(Tavistock House, Tavistock Sq., London W. C. 1) are:

Foster Children; their emotional training and sex guidance, by V. D. Swaisland (London, 1938, 39 pp., price 6 d.). This was prepared for the use of the Advisory Board on the Welfare of Children in Residential Homes and is intended to explain to house mothers in child-caring institutions how children must be expected to develop emotionally and to show how this knowledge may be of practical use to her in her everyday dealings with foster children.

From Boyhood to Manhood, by T. Drummond Shiels (London, 1939, 18 pp., price 3 d.), is an explanation of sex for boys 14 or 15 years of age.

## BOOK AND PERIODICAL NOTES

## A. Delinquency and Its Prevention

THE OFFENDER IN THE COMMUNITY: Yearbook, National Probation Association, 1938. Edited by Marjorie Bell. National Probation Association, 50 West Fiftieth St., New York. 1938. 396 pp.

The papers given at the thirty-second annual conference of the National Probation Association at Seattle, Wash., June 24-29, 1938, contained in this yearbook, constitute a symposium of current thought concerning probation, the juvenile court, parole, and crime prevention.

Victor C. Paasage of Bridgeport, Conn., in Preparing for Probation Work (pp. 87-92), gives

practical suggestions for the general education and special preparation desirable in probation work and for learning through experience and through staff meetings. In Training for and on the Job (pp. 93-108), Joseph P. Murphy of Newark, N. J., discusses attributes of character, disposition, and interests essential for success in probation work; skills and techniques needed "to adjust delicate family problems, find employment, provide for necessary medical treatment and health assistance, determine recreational and social needs, stimulate spiritual and moral improvement"; and the system used in Essex County, N. J., to select and train probation officers. (Continued on next page.)

Vera H. McCord of the Washington State Department of Social Security, in *Limitation of Rural Case Work for Delinquent Children* (pp. 167-179), presents several cases showing the trend away from the self-sufficient agency toward joint effort and the coordination and utilization in a planned program of all the resources of the community for the benefit of all the children.

Papers by Harry A. Wann of Madison, N. J. (pp. 296-307), and by Kenneth S. Beam, executive secretary, Coordinating Councils, Inc. (pp. 308-326), discuss developments in community coordination for prevention and treatment of delinquency.

A legal digest contains *Legislation and Decisions Affecting Probation and Juvenile Courts, 1938* (pp. 327-334), by Gilbert Cosulich of the National Probation Association; *Interstate Compacts for Probation and Parole* (pp. 335-342), by Joseph P. Murphy of Newark, N. J.; and *Canadian Juvenile Court Laws* (pp. 343-348), by Helen Gregory MacGill of Vancouver, B.C., who is a juvenile-court judge.

In *The Child in the Federal Court* (pp. 204-210), Richard A. Chappell, supervisor, Probation System, United States Courts, explains the limitations under which the Federal Government has had to deal with juvenile delinquents and the policies leading up to the enactment in June 1938 of the Federal Delinquency Act. He summarizes the principal features of the act and expresses the belief that the provisions limiting the conditions of detention of juveniles may reduce almost to the vanishing point the necessity for detaining children in common jails.

Charles M. Schermerhorn of San Francisco, in *Delinquent Boys in Foster Homes* (pp. 225-239), describes the use of foster homes for delinquent boys in San Francisco. His records show that of 164 boys placed over a period of several years 74 percent have done well in foster homes.

#### B. Adoption

*THE CHOSEN BABY*, by Valentina P. Wasson. Carrick & Evans, New York. 1939. No page numbers. \$1.50.

Gaily colored drawings by Hildegard Woodward illustrate this small book, in which the author

tells her 4-year-old son the story of his adoption and of the adoption of his baby sister. The foreword is by Sophie Van S. Theis, secretary of the Committee on Child Placing and Adoption, New York State Charities Aid Association.

*THE ADMINISTRATION OF ADOPTIONS UNDER TEXAS LAWS*, by J. Dunnock Woolford. Texas Division of Child Welfare, State Board of Control, December 1, 1938. 40 pp.

In order to gain a clearer understanding of the problems confronting the courts in their administration of the adoption laws and to formulate plans by which the State Board of Control through the Division of Child Welfare might cooperate more effectively with the courts in providing increased protection to children, this study was made of 648 court records of adoption cases.

The resultant recommendations are that the adoption statute should be amended to assure the greatest protection to child, natural parents, adoptive parents, and community; that other laws closely related to adoption should be amended to coordinate them with the adoption statute; and that steps should be taken to prevent illegal adoption of children by means of notarized instruments and deeds. Specific recommendations are given to attain these ends.

*ADOPTIONS IN PENNSYLVANIA*. Family and Child Welfare Division, Public Charities Association of Pennsylvania, 311 South Juniper St., Philadelphia. January 1939. Mimeographed. 36 pp. 25 cents.

Recommendations for changes in the 1925 Adoption Act of Pennsylvania, made by the Public Charities Association of Pennsylvania on the basis of a study of adoption cases in the years 1931 and 1932, are included in this report. The committee recommends changes in legislation to provide for (1) control over child placement through provision for the licensing of child-care agencies and institutions that meet standards of service set up by the department of welfare; and (2) control over adoptions through power given to the department of welfare to designate certain agencies and institutions that are found to be properly equipped to receive and place children for adoption.

# GENERAL CHILD WELFARE

## NEWS NOTES

*President of Rockefeller Foundation reviews work of year*

The work of the Rockefeller Foundation during 1938

in the fields of medical science, public health, natural sciences, the social sciences, and the humanities is summarized by Raymond B. Fosdick, president of the Foundation, in *The Rockefeller Foundation--A Review for 1938* (49 West Forty-ninth St., New York, 1939, 72 pp.).

"Tasks Ahead for Medicine" are described under the headings of chemotherapy, dermatology, pharmacology, legal medicine, industrial medicine, dentistry, public health, and the diseases of advancing years. Needs in the fields of mental hygiene, cancer research, and obstetrics are also mentioned.

*National Association of Day Nurseries holds first annual meeting*

The first birthday of the National Association of Day Nurseries was observed

in a 3-day conference, April 26-28, 1939, at the headquarters of the association, 122 East Twenty-second St., New York. The annual meeting was on April 26.

Speakers on the morning of April 27, when the subject was Day Nurseries in the World of Tomorrow, were Mary Gutteridge, of Melbourne, Australia;

Mrs. Alva Myrdal, director of the Training College for Kindergarten Teachers, Stockholm, Sweden; and Margaret Mead, assistant curator of anthropology, American Museum of Natural History.

On April 28 member nurseries in New York held open house, and headquarters of the association were open for consultations.

*Bibliography on public welfare issued*

The American Public Welfare Association has issued as of January 1939 a 10-page bib-

liography, *Selected Titles on Public Welfare* (Bibliography No. 4, American Public Welfare Association, 1313 East Sixtieth St., Chicago. Mimeographed; price 10 cents). Selected references are given to books and periodicals on general public welfare, social security, unemployment relief, case work, child welfare, and special studies related to public welfare.

*Puerto Rican social workers publish review*

*Revista de Servicio Social* is the title of a new periodical published in San Juan, Puerto

Rico, as the organ of the Insular Society of Social Workers. Volume 1, number 1 (18 pp.) is dated February 1939. The director of the publication is Luis Adam Nazario.

## BOOK AND PERIODICAL NOTES

### A. Child Guidance, Education, and Recreation

*A reevaluation of sex education*

A group of articles on sex education appears in *Child Study* for January 1939 (vol. 16, no.

3, New York). Fritz Redl (The Technique of Sex Information) discusses three mistakes commonly made in giving sex information to preadolescents: Giving information "in a vacuum"; not "getting rid of the junk" first; and overreliance on the "magical power of terminology." Jacob H. Conn, M. D. (Sex Attitudes and Sex Awareness in Young Children), describes the development of sex consciousness in very young children. Valeria Hopkins Parker, M. D. (What Young People Want to Know About Sex), lists and comments on questions asked by high-school and college students. Benjamin C.

Gruenberg (Schools and Sex Education) evaluates various types of school approaches to sex education.

*Music in childhood education*

*Childhood Education* for March 1939 (vol. 15, no. 7, Association for Childhood Education, Washington, D. C.)

contains several articles on music for children. Margaret C. Prall, in *Teaching Music to Young Children*, discusses successive steps in musical education and how these steps may be introduced. Creative music by children using cymbals, drum and woodblock, zylophone, seed pods, and harmonica, is the subject of *Every Child and Music*, by Lillian Mohr Fox. *Playing to Music*, by L. Lucile Emerson and Mary McKee, describes the use of music in nursery-school education.

*Play therapy* Among the articles of interest in the January 1939 issue of *Mental Hygiene* (vol. 23, no. 1) is *The Child Reveals Himself Through Play*, by Jacob H. Conn, M. D. (pp. 49-69).

Dr. Conn gives a detailed description of how children have been led to express their dissatisfactions, their fears, and their hopes in a natural fashion through the medium of play. Quotations from interviews are given to show what was learned about the children and how the information was used to help them.

*Handbooks on popular sports* The techniques, rules, and plays of popular sports are given in illustrated handbooks published by A. S. Barnes & Co., New York. Titles published in 1939, edited by W. L. Hughes, and priced at \$1 each include:

*Baseball*, by Daniel E. Jessee, baseball and football coach, Trinity College, Hartford, Conn. 92 pp.

*Football*, by W. Glenn Killinger, football and baseball coach and director of athletics, West Chester (Pa.) State Teachers College. 141 pp.

*Track and Field*, by Ray M. Conger, director of recreational sports, Pennsylvania State College. 94 pp.

*Basketball*, by Charles C. Murphy, basketball coach, Bristol (Conn.) Boys' Club. 94 pp.

#### Earlier titles are:

*Fundamental Handball*, by Bernath E. Phillips, handball coach, George Washington University, Washington, D. C. 1937. 124 pp. \$1.

*Modern Methods in Archery*, by Natalie Reichart and Gilman Keasey. 1936. 132 pp. \$1.50.

The books are planned for the use of coaches, players, and enthusiasts. With the exception of the book on archery, which is made up in a different format and priced at \$1.50, these books are in a modified textbook style, with questions for discussion and true-or-false test questions (for which, however, the correct answers are not shown) at the end of each chapter.

*The father in the family* The Forgotten Father is the subject of a group of articles in *Child Study* for March 1939 (Child Study Association of America, 221 West Fifty-seventh St., New York).

Lawrence K. Frank discusses the father's role in child nurture; James L. Hymes, Jr., comments on the need for men teachers in nursery school, elementary school, and high school; Estelle Barnes Clapp suggests some ways in which fathers can influence and guide adolescent children.

\* \* \* \* \*

*HABIT CLINICS FOR CHILD GUIDANCE*, by D. A. Thom, M. D. Children's Bureau Publication No. 135 (revised 1938), Washington, 1939. 97 pp.

First published in 1924 under the title, "Habit Clinics for the Child of Preschool Age," this bulletin has been revised and enlarged by Dr. Thom on the basis of his experience in habit clinics during the past 15 years. In the new material are included a general introduction; sections on the psychiatrist, the psychologist, and the social worker, contained in a chapter on habit-clinic personnel and procedure; a chapter on resentment toward frustration expressed in aggressive acts, in which the material on anger and temper tantrums, destructiveness, and delinquency is brought together; and a chapter on the crippled child.

#### R. Public-Welfare Administration

*PUBLIC-WELFARE ADMINISTRATION IN THE UNITED STATES: SELECT DOCUMENTS*, by Sophonisba P. Breckinridge. Second edition. University of Chicago Press, Chicago. 1938. 1229 pp. \$4.

This compilation of documentary evidence of progressive development in public-welfare administration, which has been of the greatest value to students of this subject, has been supplemented in the revised edition by documents showing developments in this field from 1927 to 1938. The documents compiled for this period and the introductory comments that bring out their significance deal with many problems: The revival of the board form of organization and State-local relationships; the question of personnel; the cost of public welfare; reorganization of State welfare authority; interdepartmental relationships; interstate relations; and participation of the Federal Government in welfare services.



# OF CURRENT INTEREST

## NEWS NOTES

*October 23-29 designated as Better Parenthood Week* Parents' Magazine has announced that in 1939 Better Parenthood Week will be observed October 23-29 instead of in May. The change in date has been made in order to avoid conflict with May Day--Child Health Day.

Organizations wishing to cooperate or desiring further information concerning Better Parenthood Week are invited to communicate with George J. Hecht, publisher, *Parents' Magazine*, 9 East Fortieth St., New York.

*Junior Audubon clubs for school groups* The National Association of Audubon Societies (1006 Fifth Ave., New York) offers membership in Junior Audubon clubs to groups of 10 or more school children. Teachers can obtain at less than cost educational material on conservation of natural resources, including pamphlets, charts, books, slides, and motion pictures on birds and animals, plants, mineral deposits, and the water supply. Each club member receives a button and some leaflets, and each club receives *News on the Wing* regularly.

*Summer sessions in social work, public welfare, and child development announced* Announcements of summer sessions in social work have been received from the University of Chicago School of Social Service Administration (June 19-July 21; July 24-August 25); University of Denver, Graduate School, Department of Social Work (June 19-August 25); and the New York School of Social Work (July 10-21; July 24-August 4).

The University of Iowa offers for the 1939 summer session, June 12-August 4, courses in child development and parent education conducted by members of the Iowa Child Welfare Research Station and cooperating departments. These courses will deal with the child from infancy through adolescence. The thirteenth annual Iowa Conference on Child Development and Parent Education will be held at the University June 20-22, with the general theme, Youth in the World Today.

*Summer courses for teachers of sight-saving classes*

The National Society for the Prevention of Blindness is cooperating with five colleges and universities in offering courses for the preparation of teachers and supervisors of sight-saving classes in connection with the 1939 summer sessions. These courses will be held as follows: Western Reserve University, Cleveland, June 19-July 28; State Teachers College, Buffalo, June 26-August 4 (dates tentative); State Teachers College, Milwaukee, June 26-August 4; University of California, Los Angeles, June 26-August 4; Wayne University, Detroit, June 26-August 4. Details may be obtained from the university or college.

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*Recent Children's Bureau publications*

Single copies of any of the following 1939 publications can be obtained free from the Children's Bureau while the supply lasts:

Habit Clinics for Child Guidance, by D. A. Thom, M. D. Bureau Publication No. 135 (revised 1938).

Well-Nourished Children. Folder 14. Washington 1939. 16 pp. Prepared by the Children's Bureau in cooperation with the Bureau of Home Economics, United States Department of Agriculture. \$1.75 per 100 copies.

Juvenile-Court Statistics for the Two-Year Period Ended December 31, 1936, and Federal Juvenile Offenders, Year Ended June 30, 1936. Bureau Publication No. 245, Washington, 1939. 155 pp.

Facts About Child Health. March 1939. Processed. 12 pp. This leaflet is a revision of material prepared in 1938 in mimeographed form, with some new material added.

The Children's Bureau Today. 1939. Processed. 8 pp. The organization and work of the Children's Bureau are described briefly in this leaflet.

Fair Labor Standards for Children. Folder 6, revised 1939. The child-labor provisions of the Fair Labor Standards Act of 1938 are given in this folder, a little background material on trends in child labor, and State child-labor standards.

Position of Skeleton in Good and in Poor Posture. Poster, 24 by 34 inches, black and white. 1939.

*Proceedings of the  
National Conference of  
Social Work, 1938*

The 800-page volume of  
the Proceedings of the  
National Conference of

Social Work at the Sixty-Fifth Annual Session held in Seattle, Wash., June 26-July 2, 1938, contains a selection of papers considered by the editors to have permanent value in reflecting the current trends in social work and a significance that is general rather than entirely local (University of Chicago Press, Chicago, April 1939).

Papers dealing directly with work in the children's field include a discussion of the protection of children in adoption, by Mary Ruth Colby (p. 146); a paper on housekeeper service in motherless families, by Jacob Kepecs (p. 266); a review of recent studies on case work in difficult behavior or delinquency situations, by Harrison Allen Dobbs (p. 298); a report on the Children's Bureau project for the registration of group-work agencies, by Louis J. Owen (p. 381); two articles on the child's own psychology as a guide to treatment, by Lillian J. Johnson (p. 313) and by Eleanor

Clifton (p. 326); a paper on the private agency in the children's field, by Marjory Embry (p. 187); a paper by Mary Irene Atkinson describing the administration of child-welfare services from the Federal level (p. 551) and one by Norris E. Class on their operation at local government level (p. 559); and a discussion of problems facing children with relatively long periods of institutional care, by Ethel Verry (p. 684).

*Advisory Committee  
on Education staff  
studies*

Two additional titles  
in the series of staff  
studies being published

by the Advisory Committee on Education are now available:

*Organization and Administration of Public Education*, by Walter D. Cocking and Charles H. Gilmore (Staff Study No. 2, Advisory Committee on Education, Washington, 1938, 183 pp.).

*Educational Activities of the Works Progress Administration*, by Doak S. Campbell, Frederick H. Bair, and Oswald L. Harvey (Staff Study No. 14, Advisory Committee on Education, Washington, 1939, 185 pp.).

## INTERNATIONAL CONFERENCES

*International Congress  
of Sociology to meet  
in Rumania*

Through the Rumanian  
International Institute of Sociology in-

vitations have been transmitted to the appropriate scientific institutions in the United States to send delegates to the Fourteenth International Congress of Sociology, to be held at Bucharest, August 29 to September 14, 1939. The Congress will be under the patronage of His Majesty King Carol II.

(Official correspondence from the Secretary of State.)

*Advisory Committee  
on Social Questions  
to meet in Geneva*

The third annual meeting  
of the Advisory Committee  
on Social Questions of the

League of Nations will take place in Geneva, June 19, 1939. Elsa Castendyck, Director of the Delinquency Division of the United States Children's Bureau, will attend the meetings as representative of the United States, taking the place of Katharine F. Lenroot, Chief of the Children's Bureau, who is a regular member of the committee.

The meeting of the Advisory Committee will be preceded on June 16 by a meeting of a mixed committee, which Miss Castendyck will attend also. This committee represents the Advisory Committee on Social Questions and the Health Organization of the League of Nations and will meet for the purpose of working out closer collaboration between the two bodies.

*International  
Labor Conference*

The date of June 8 has been  
set for the opening of the

1939 International Labor Conference in Geneva, held by the International Labor Organization. This is the fifth International Labor Conference in which the United States has participated as a member.

Mrs. Clara M. Beyer, Assistant Director of the Bureau of Labor Standards, United States Department of Labor, has been appointed to attend the Technical Conference on Labor Inspection in Geneva on May 29, as delegate from the United States.

## CONFERENCE CALENDAR

June 12-14	Canadian Public Health Association. Twenty-eighth annual meeting, Toronto, Ontario.	July 10-14	American Association of Workers for the Blind. Eighteenth biennial convention, Hotel Biltmore, Los Angeles.
June 14-18	National Conference of Jewish Social Welfare. Annual meeting, Buffalo.	July 16-22	Fourth World Congress of Workers for the Crippled, Bedford College, London.
June 18-25	National Conference of Social Work and associate groups. Sixty-fifth annual session, Buffalo.	July 17-21	American Dental Association. Annual meeting, Milwaukee.
June 19-22	National Conference on Visual Education. Ninth session, Chicago.	July 24-28	Blue Ridge Institute for Southern Social Work Executives. Twelfth session, Blue Ridge, N. C. Sponsored by Community Chests and Councils, 155 East Forty-fourth St., New York. Subject: Financial and service statistics of health and social-work agencies.
June 20-23	American Home Economics Association. Thirty-second annual meeting, San Antonio, Tex.	Aug. 6-11	World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro.
June 26-29	National Tuberculosis Association. Thirty-fifth annual meeting, Boston.	Aug. 14-18	National Medical Association. New York.
July 2-6	National Education Association. Seventy-seventh annual convention, San Francisco.	Aug. 27-31	American Dietetic Association. Annual meeting, Los Angeles.
July 7-9	Conference on Educational Frontiers. School of Education, Stanford University, Calif.	Aug. 30-Sept. 2	American Country Life Association. Pennsylvania State College, Pa.
July 7-27	Fourteenth Seminar in Mexico. Committee on Cultural Relations With Latin America, 156 Fifth Ave., New York. Seminar sessions will be held in Cuernavaca, Puebla, and Mexico City.	Sept. 11-15	American Congress on Obstetrics and Gynecology. Sponsored by American Committee on Maternal Welfare. Cleveland. Fred L. Adair, M.D., Chairman.
July 8-15	International Federation for Housing and Town Planning. Stockholm, Sweden.	Oct. 9-13	National Recreation Association. Twenty-fourth national recreation congress, Boston.

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# Child

Monthly News Summary



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1939

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# THE CHILD — MONTHLY NEWS SUMMARY

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June 1939

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For sale by Superintendent of Documents, Government Printing  
Office, Washington, D. C. Price 10 cents a copy; subscription  
price \$1 a year; postage additional outside the United States.

# WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY

## FROM THE ADDRESS BY THE PRESIDENT OF THE UNITED STATES

We make the assumption that a happy child should live in a home where he will find warmth and food and affection; that his parents will take care of him should he fall ill; that at school he will find the teachers and tools needed for an education; that when he grows up there will be a job for him and that he will some day establish his own home.

As we consider these essentials of a happy childhood our hearts are heavy with the knowledge that there are many children who cannot make these assumptions.

We are concerned about the children of the unemployed.

We are concerned about other children who are without adequate shelter or food or clothing because of the poverty of their parents.

We are concerned about the children of migratory families who have no settled place of abode or normal community relationships.

We are concerned about the children of minority groups in our population who, confronted with discrimination and prejudice, must find it difficult to believe in the just ordering of life or the ability of the adults in their world to deal with life's problems.

We are concerned about the children living beyond the reach of medical service or lacking medical service because their parents cannot pay for it.

We are concerned about the children who are not in school or who attend schools poorly equipped to meet their needs.

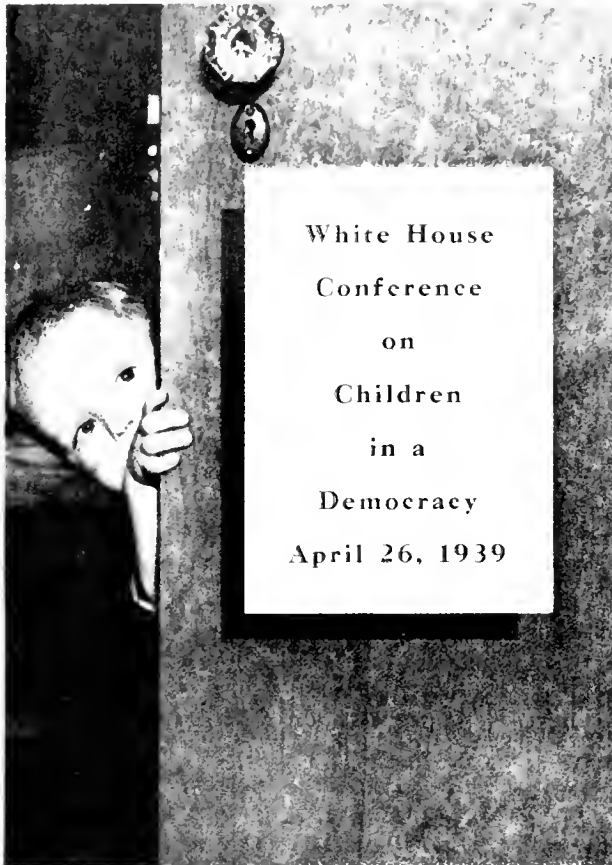
We are concerned about the children who are outside the reach of religious influences, and are denied help in attaining faith in an ordered universe and in the fatherhood of God.

We are concerned about the future of our democracy when children cannot make the assumptions that mean security and happiness.

This conference and the activities which it initiates furnish an opportunity for us to test ourselves and our institutions by the extent to which they serve our children. I look to you for comprehensive review of the problems before us, and suggestions as to practical ways in which we may advance toward our goal.

—FRANKLIN D. ROOSEVELT.

## CONFERENCE QUOTATIONS



MRS. FRANKLIN D. ROOSEVELT:

One of our great problems, whether in connection with the physical care of children, their education, their surroundings, their recreation, or their community life, is to get a general picture. We are growing so much closer together that it really matters to everybody what happens to children anywhere in the United States. . . . We have to take a national interest; we have to know our Nation.

I say this in connection with every kind of governmental or charitable activity, but I think it is more important where children are concerned than anywhere else, because they are the future. They are going to make the Nation. If we do not know what goes on all over the country, we cannot possibly tell what is going to happen in our own communities a few years from now. We may be coping with conditions in our own communities

that are the result of trouble originating hundreds of miles away. . . .

In all the work that we are planning, in all our conceptions of work that needs to be done over a long period of years, I think we should stress that we are trying to bring the whole Nation up to better standards, that we are trying to produce for the future a healthier group of children, a group of children who, because they are physically healthy, because they know what it is to live under decent conditions, can profit by a better type of education--become more useful in their communities and the bulwark of democracy. . . .

And so, as I look into the future, I hope that one of the things a group of this kind is going to do is to paint that picture before the country on as big a canvas as possible so that the whole country will become conscious of the needs of children everywhere in the United States.

Do not let us be placid because in our own communities things are all right for the moment. Let us realize that our future lies in the hands of the children throughout the United States, and let us be just as interested in things that are happening to children anywhere in the Nation as in what is happening to our children at home.

That is, I think, the one way we can be sure of giving the children of today a more vital part in our democracy and a really vital part in shaping and enjoying the Government of our country.

HON. FRANCES PERKINS:

Perhaps some people may wonder why we need a White House Conference to express our affectionate concern in the welfare of children. Nowhere, I feel sure, are the interests of children more deeply cherished than in America. Our forefathers came to this Western Hemisphere chiefly for the purpose of founding homes under conditions where their children would be able to enjoy freedom and opportunity for the fullest possible development of their inborn capacities. Our Nation was the first in the world to establish a special agency of the National Government for the service of children.

The conference is not going to attempt to define or defend our American democracy, though

it may have to attempt to state some of its underlying purposes. Democracy is not only a form of government, it is not only a matter of people living in liberty with each other, there is involved in it the experience of men in liking each other, in getting on together, and in using the friendship so generated to develop a better life and a better relationship for all the people who come after us. We need to take these things for granted in America and go on to see what more we can do with them in behalf of the children of the next generation.

It is our awareness of the importance of centering attention, in the development of our democracy, upon those in the population who are in the most formative and impressionable period of life, namely on the children, that leads us to review the extent to which their needs are being met, and the ways in which we may assure to them those safeguards and opportunities upon which their happiness and growth, and the future of America, depend.

RIGHT REV. MSGR. ROBERT F. KEEGAN:

This conference insofar as it is humanly possible must help to provide for our young people what our American concept of a democratic society in its very charter purports to give to all its people--hope, security, and genuine guarantees in the pursuit of happiness.

It seems to me that the most urgent and salutary message that this conference will give to our children and youth is the straightforward, frank, and courageous statement that we recognize and are sensitive to their needs. We must not let these difficult years rob our young people of hope. . . Only in religion can child-welfare efforts find their true foundation, for only in religion can be found the inherent and intrinsic dignity of the human personality. . . . Religion must provide guides and the ideals for right living. It must afford vigorous incentives and inspiring motives for right conduct. It must teach the necessity for Divine assistance in meeting the stresses and strains of life. It must teach the child that from the eternal realities of religion spring the living sources of democracy. . . .

Ours, then, in the months to come, is the

sacred trust to formulate standards and programs of child welfare in terms of all these basic considerations. God grant that in these eventful days, fraught as they are with the fate and the future of humanity, we may act wisely. In acting for the children and youth of today, we safeguard the America of tomorrow.

HOMER FOLKS:

In planning for this 1939 conference, we have been looking ahead, not to 1940, but to 1980 or thereabouts. Somewhere within these United States, within the past few years, was born a child who will be elected in 1980 to the most responsible office in the world, whose incumbent lives here. We cannot guess his name or whereabouts. He may come from any place and from any social or economic group. He may now be in the home of one of the soft-coal miners, or in the family of a sharecropper, or quite possibly in the home of one of the unemployed, or in a family migrating from the dust bowl, or in a college professor's family, or he may be surrounded with every facility, convenience, and protection which money can buy. Very likely his home is on a farm. Even Dr. Gallup with his poll can give us no light on this problem.

If we could unroll the scroll of the future enough to read his name and whereabouts, how many things we would wish to have done for him, how carefully we would wish to guard his health, his surroundings, his education, his associates, his travels, his ambitions--and what a gorgeous mess we almost certainly would make of it. Could we be wise enough, by any chance, when we crossed the threshold of his home, to salute, not the child, but his parents and say, "This job is of immeasurable importance, but it is yours--none of us can take your place, but let us help you in every way in which you need help. We will provide for you the needful things which are beyond your reach."

Since we cannot know his name or address, we have only one opportunity to see that the President of 1980 will be prepared for his job. We must decide what are the actual needs of all children who are to become useful, competent, public-spirited citizens. We must, most seriously and without delay, see that all the needful steps are

taken to make these minimum provisions available for all the children of the United States--for every last one.

That will be no waste of effort. If reasonable and practicable measures for the protection, education, and civic development of all children are taken, we will have included several other presidents to be elected shortly before or after 1980, as well as several hundred governors of our 48 States, several thousand mayors of our 3,000 cities, and tens of thousands of legislators of cities, States, and Nation; as well as scores of millions of citizens who will select and elect the men and women who are to fill these many thousands of responsible posts. They will set the tone of

American public life, will determine how well democratic government in America can and will serve the needs of its citizens.

MILBURN L. WILSON:

As we look forward to the development of a richer and fuller country life in the United States, and as we consider that a great many people who are later to occupy the cities are now being born on farms and living their childhood in the country, we in the Department of Agriculture recognize the great importance of the considerations before this conference. . . We are, therefore, happy that rural problems are being considered as a whole with urban problems.

## CONFERENCE ITEMS

### *Program of the Initial Session*

The first session of the Conference on Children in a Democracy, called by the Secretary of Labor at the direction of the President, met in Washington on April 26, 1939. The morning session was held at the White House with the Secretary of Labor presiding as chairman of the conference.

President Roosevelt, as honorary chairman of the conference, delivered the opening address, which was broadcast over three radio networks. Selections from his address and from the addresses of Mrs. Roosevelt, Homer Folks, and the Right Rev. Msgr. Robert F. Keegan are given on the preceding pages.

In the afternoon at the United States Departmental Auditorium with the Secretary of Labor presiding, brief talks were given by Milburn L. Wilson, Under Secretary of Agriculture, Katharine F. Lenroot, Chief of the Children's Bureau, and Philip Klein, of the New York School of Social Work. For the remainder of the afternoon, the conference divided into four sections, as follows:

Section 1, Objectives of a Democratic Society in Relation to Children. Chairman, James S. Plant, M. D.

Section 2, Economic Foundations of Family Life and Child Welfare. Chairman, William Hodson.

Section 3, The Development of Children and Youth in Present-Day American Life. Chairman, Ruth Andrus.

Section 4, The Child and Community Services for Health, Education, and Social Protection. Chairman, Frank Bane.

Reports by the section chairmen were given at a dinner session of the conference at the Shoreham Hotel. Homer Folks spoke on plans for conference work, and the Secretary of Agriculture spoke informally. In conclusion, Miss Perkins, as chairman of the conference, described the work of the conference members during the coming year as the redefining of objectives of living in a democratic society. The final session will be held in 1940.

### *Membership of the Conference*

Of 630 persons invited, 585 accepted membership in the conference. The Governor of each

State and Territory was asked to designate one person to represent him and 43 Governors did so. Other members were appointed by the conference chairman, after suggestions for membership were reviewed by the Committee on Organization. The conference membership includes representatives from every State and Territory.

In order that all fields of work with children should be represented, the membership was arranged to include physicians, public-health nurses, nutritionists, and other health workers; economists, sociologists, statisticians, educators, teachers, editors, and writers; recreation workers and housing experts; representatives of industry, labor, and farm groups; vocational and employment experts, labor administrators and workers with youth; public-welfare administrators and social workers in children's agencies and in the field of delinquency; Indian and Negro welfare workers; clergymen, representatives of various types of organizations and of the public, and Federal officials.

The opening session of the conference was attended by 410 members, including representatives from all but 2 States.

*Papers and discussions to be published* "Papers and Discussions at the Initial Session of the White House Conference on Children in a Democracy" has been prepared for publication and will be issued by the Children's Bureau. This publication includes addresses made at the opening session of the White House Conference on the morning of April 26, 1939, discussion at the four section meetings, and the proceedings of the dinner meeting at the Shoreham Hotel.

*Grant from General Education Board* The General Education Board has made a grant of \$47,000 for expenses of the White House Conference on Children in a Democracy. This fund is to be administered fiscally by the American Council on Education.

## OFFICERS OF THE CONFERENCE

### *Honorary Chairman:*

The President of the United States

### *Honorary Vice Chairman:*

Mrs. Franklin D. Roosevelt

### *Chairman:*

Frances Perkins, Secretary of Labor

### *Vice Chairmen*

Milburn L. Wilson    Henry F. Helmholtz, M.D.  
Homer Folks        Rt. Rev. Msgr. Robert F. Keegan  
Frank P. Graham    Jacob Kepecs  
Josephine Roche

### *Executive Secretary:*

Katharine F. Lenroot

### *Assistant Secretary:*

Emma O. Lundberg

### *Planning Committee*

(See *The Child*, March 1939, pp. 214-216 for list of members of the Planning Committee).

### *Committee on Organization*

Chairman, Frances Perkins	Fred K. Hoehler
William G. Carr	Jane M. Hoey
Elizabeth Christman	Katharine F. Lenroot
Homer Folks	George F. Zook

### *Committee on Report*

Chairman,	Fred K. Hoehler
Homer Folks	Hugh R. Jackson
Research Director,	Charles S. Johnson
Philip Klein	Rev. George Johnson
*Chester I. Barnard	Jacob Kepecs
Frank G. Boudreau, M.D.	Rev. Bryan J. McEntegart
*William G. Carr	*A. Graeme Mitchell, M.D.
C. C. Carstens	*W. R. Ogg
Grace L. Coyle	James S. Plant, M.D.
Mrs. Saidie Orr Dunbar	Homer P. Rainey
Mrs. Katharine D. Fisher	*Floyd W. Reeves
Ben G. Graham	Felix J. Underwood, M.D.
William Hodson	*C.-E.A. Winslow, P.H.D.

\* Appointed after April 26, 1939.

# THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

## TWO YEARS OF CHILD-WELFARE SERVICES IN GEORGIA

Child-welfare services and facilities available in Georgia on April 1, 1937, and on March 31, 1939, are shown in parallel columns in a report of work issued in mimeographed form by the Division of Child Welfare of the Georgia State Department of Public Welfare (Atlanta, 1939; 5 pp.).

At the beginning of the 2-year period, this report shows, there were no State-wide facilities in rural areas of Georgia for services to neglected, dependent, and delinquent children and children in danger of becoming delinquent. There was no supervision or planning of adoptions and other types of foster-home care in rural areas, no boarding-home care except in Atlanta and Augusta, no enforcement of standards for child placing.

A total of 2,800 children were under care of institutions for dependent and delinquent children in the State, but there was no service for delinquent children in their own communities and no preventive work. No psychological services were available in rural areas. There was no legislative requirement for inspecting and licensing institutions for dependent and delinquent children and very little social service was available from the State.

At the end of the period child-welfare services had been established on a State-wide basis under plans approved by the Chief of the United States Children's Bureau in accordance with the child-welfare provisions of the Social Security Act. Ten district consultants of child welfare were covering 12 welfare districts of the State. Seven county child-welfare workers were covering eight demonstration counties in the State.

Child-welfare services were available in 1939 to any children in the State who were neglected, dependent, delinquent, physically handicapped, mentally handicapped, born out of wedlock, or maladjusted in home, school, or community. Through this program 2,502 children were served in the 9-month period ended March 31, 1939. The services consisted of making adjustments of children in their own homes, placing children in foster homes, planning for delinquent children, and arranging psychological services when needed, in cooperation

with all children's institutions and agencies.

A department of child placing and foster-home care created in the Division of Child Welfare had established interstate adoption policies, adoption policies within the State, and minimum standards for child placing in the State. Licenses were granted to child-placing agencies meeting the minimum standards. A boarding-home program was started in some rural sections. In the last 9 months of the period 176 children were placed by the division in adoptive, boarding, free, and work homes in areas not covered by licensed child-placing agencies.

A plan was established for State-wide service to investigate cases of all children committed to or discharged from State training schools. Consultant service was given in 13 juvenile courts at the end of the period.

Services of a psychologist were made available throughout the State for giving intelligence tests and for studying and advising on behavior problems of children. In 11 months this service was used for 607 children in planning placement for adoption, in making plans for institutional care, and in adjusting family, school, and community difficulties.

In addition to the program under the Social Security Act, the Division of Child Welfare was designated under the Welfare Reorganization Act of 1938, which empowered the State Department of Public Welfare to inspect, license, and supervise all child-caring institutions, as the State agency to administer the provisions of the law in relation to children's institutions. The actual inspecting and licensing of the children's institutions was made the responsibility of the social worker in charge of this phase of the child-welfare program. A complete registration system for children's institutions was established in the Division of Child Welfare, minimum standards were agreed upon by the superintendents of the institutions, and annual inspection of all children's institutions was made. One institution was closed by court order.



The staff interpreted the needs of underprivileged children in the State and ways of meeting those needs through interviews, talks, and

demonstration services. Interagency conferences were held to establish better cooperation and correlation of services.

### CHILD WELFARE IN A WISCONSIN COUNTY

In order to explain the nature of child and family services available and bring them to the notice of persons in need of them, the child-welfare worker in one Wisconsin county has prepared a small mimeographed leaflet for distribution (Child-Welfare Program, Marquette County, Wis.; Ruth M. Werner, Children's Worker, Court House, Montello, Wis.).

Tensions in the home are described which may affect children unfavorably and in connection with which family case service may be of value. It is suggested that the child-welfare worker be told about--

1. The child who is beginning to be delinquent, takes things which do not belong to him, roams the streets all hours of the day and night, has questionable companions, is mean to others.

2. The child whose parents, either because of unawareness of dangers or because of lax standards, do not give him or her protection or guidance.

3. The child who is very shy and retiring, has few friends, does not mix well in social groups.

4. The child whose parents are physically, mentally, or morally unable to give the child a proper home and for whom it may be necessary to supply care outside his own home.

5. The child who for other reasons such as sickness or death of a parent must be cared for outside the home.

6. The child who is very irregular in school attendance for unacceptable reasons.

7. The child who is so retarded in school that it seems that special training is indicated and for whom special protection may be necessary because of limited reasoning capacity.

8. The child who has a physical difficulty, whose parents may need direction and encouragement to secure the proper care.

9. The child whose parents are separated, if there is a question as to the custody of the child.

10. The child born out of wedlock: (a) If the worker is notified or the individuals concerned are referred to her before the child is born, it may be possible to assist in planning: (b) if the parents marry following the birth of the child they can be assisted in having the necessary changes made in the birth certificate, so that the child will have the father's last name and the birth will be recorded as legitimate.

### BOOK AND PERIODICAL NOTES

THE CONTRIBUTIONS OF PUBLIC-HEALTH NUTRITION TO SCHOOL CHILD HEALTH,<sup>\*</sup> by Marjorie M. Heseltine. *Journal of Health and Physical Education*, vol. 10, no. 3 (March 1939).

Nutrition work under public-health auspices is organized for the most part, Miss Heseltine points out, not as an independent program but as a service to be incorporated into many of the major activities of the health agency, such as dental hygiene, health education, and tuberculosis control.

Public-health workers are increasingly interested in making nutrition services available to all children and in working for the preservation of good nutrition. "Few health workers of the present day are willing to limit their nutrition

program with school children to the correction of malnutrition. Schools are encouraged to furnish facilities for a nourishing noon lunch as a health measure to all children who cannot conveniently go home rather than to supply only free lunches as a relief measure to children who are needy and undernourished."

CASE WORK WITH CRIPPLED CHILDREN, by Georgia Ball. *Family, Family Welfare Association of America*, April 1939. 8 pp.

Problems arising from parental attitudes toward crippled children, from the reactions of the children toward their own handicaps, and from the factors involved in hospitalization and treatment are summarized by Miss Ball in this paper.

<sup>\*</sup>Single copies of reprints are available from the Children's Bureau while the supply lasts.

# MATERNAL, INFANT, AND CHILD HEALTH

## MORTALITY FROM GASTROINTESTINAL DISEASES IN THE FIRST YEAR OF LIFE

Although the mortality among infants from gastrointestinal diseases<sup>1</sup> has been reduced greatly in the United States during recent years, this reduction has not been uniform in all parts of the country. In some areas and among some groups the infant mortality rates from these diseases are as high as or higher than the rate for the birth-registration area in 1915.

In 1915 (the year in which the birth-registration area was established) the mortality rate from these diseases was 25 per 1,000 live births. In 1937 the rate for the United States was 6. This constitutes a decrease in the mortality rate of 76 percent (fig. 1). The decrease in the infant death rate from gastrointestinal diseases is

INFANT MORTALITY RATES FROM CERTAIN CAUSES IN 1915 AND 1937  
(U.S. EXPANDING BIRTH-REGISTRATION AREA)

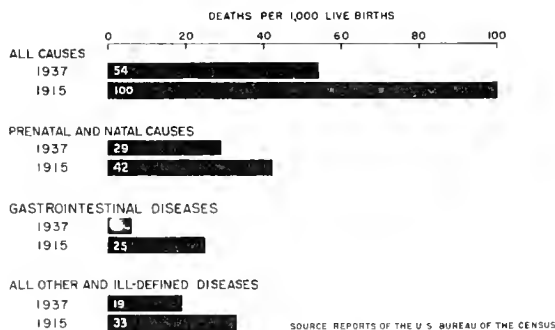


FIG. 1

more marked than the decrease in the rate from other causes. The infant mortality rate from all causes dropped from 100 in 1915 to 54 in 1937, a decrease of 46 percent. The decrease in the mortality rate from prenatal and natal causes (42 in 1915 and 29 in 1937) amounts to only 31 percent, that from all other and ill-defined causes (33 in 1915 and 19 in 1937) amounts to 42 percent.

<sup>1</sup>The deaths from gastrointestinal diseases include those classified by the Bureau of the Census in the list of causes used for infant deaths under the titles: Diarrhea and enteritis, dysentery, and diseases of the stomach. In 1937, of the 13,205 deaths classified as due to these causes, 88 percent were due to diarrhea and enteritis, 8 percent to dysentery, and 4 percent to diseases of the stomach.

The mortality rates of 1915 are not, however, entirely comparable with those of 1937 because of the expansion of the birth-registration area. The 1915 area included only 10 States and the District of Columbia; the 1937 area, the entire continental United States. As is shown in figure 2, study

## CAUSES OF INFANT MORTALITY IN 1915 AND IN 1937 (U.S. REGISTRATION AREA OF 1915)

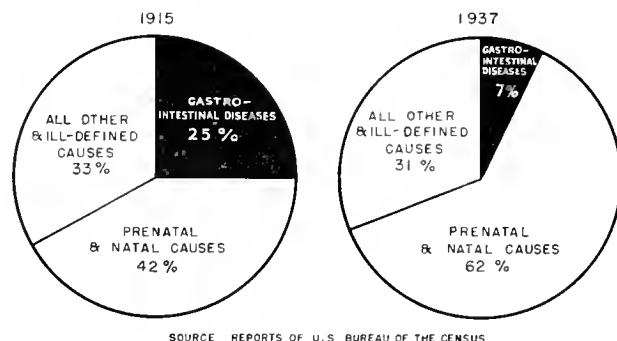


FIG. 2

of infant deaths in 1937 in the group of States included in the area of 1915 shows an even more marked reduction in the mortality rate from gastrointestinal diseases in this area than in the expanding birth-registration area. In the 1915 area the mortality rate in 1937 from gastrointestinal diseases was only 3 per 1,000 live births. Of all deaths in the first year of life in 1937 only 7 percent were attributable to these diseases, compared with 25 percent in 1915.

As has been said, the infant mortality rates from gastrointestinal diseases vary greatly from one section of the country to another and from one population group to another. The mortality rate from gastrointestinal diseases varied in 1937 from a low rate of 4 per 1,000 live births for the Northeastern and Middle States to a high rate of 16 for the Southwestern States. The rate for Oregon was 1 per 1,000 live births; that for New Mexico, 24.

In all regions except the South West and South East the rates are higher in rural areas than in urban. In urban areas the rate in 1937 was 5

per 1,000 live births; in rural areas, 7 (table 1). Among white infants the rate was 6; among Negro infants, 9; among other races, 15.

It is well known that the death rate from gastrointestinal diseases is highest in the summer and early fall. The death rates by calendar months for the United States during the period 1935-37 are shown in figure 3. It can be seen that the INFANT MORTALITY FROM GASTROINTESTINAL DISEASES BY CALENDAR MONTHS; UNITED STATES, 1935-37

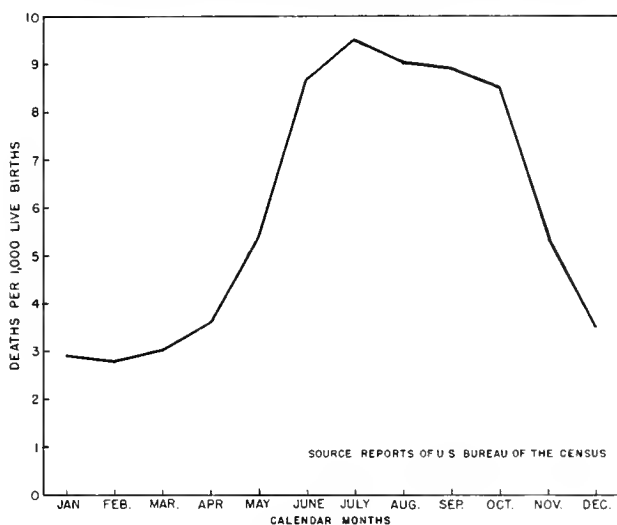


FIG. 3

TABLE 1.—INFANT DEATH RATE FROM GASTROINTESTINAL DISEASES, BY GEOGRAPHIC REGIONS; UNITED STATES, 1937

Geographic regions	Deaths per 1,000 live births		
	Total	Urban	Rural
United States--	6.0	5.0	7.0
South West-----	15.8	17.5	15.0
South East-----	7.6	9.0	7.2
Far West-----	6.0	3.3	10.3
North West-----	4.8	4.4	5.0
North East-----	4.0	3.6	5.0
Middle States-----	3.7	3.5	3.9

Source: Reports of the U. S. Bureau of the Census.

highest rates prevailed from June to October.

Although it is known that the most frequent causes of gastrointestinal diseases in infants are contamination of food and contact with infected individuals and that these conditions can be prevented by proper hygiene and sanitation, more than 13,000 infants died of these diseases in 1937. The practical application of present knowledge regarding the cause and prevention of gastrointestinal diseases in infants will be considered in a later article.

### BOOK AND PERIODICAL NOTES

PRINCIPLES OF HEALTH EDUCATION, by C. E. Turner, D.Sc., P.H.D. Second edition. D. C. Heath & Co., Boston. 1939. 335 pp. \$2.

The text deals with discussions of the relationship of health education to general education and to public health and the reasons for health education in the schools. An experiment in health education carried on in Malden, Mass., under the direction of Professor Turner is then described. The following sections give practical help in planning an organized program in health education for the primary grades and for junior and senior high school. There is a chapter on evaluation and measurement of results.

In speaking of the modern perspective on school-health education, Professor Turner says, "Instead of planning the corrective program first and then the program of positive training for supposedly healthy children. . . the modern school

administrator would reverse the order. He would first plan to conduct the school and guard the children in such a way as to maintain health and promote it for all children. He would then plan to take care of those children who fall by the wayside physically in spite of what he is able to do for them."

PROGRESS IN THE CARE OF THE CRIPPLED IN POLAND, by A. Wojciechowski, M. D. *Crippled Child*, vol. 16, no. 5 (February 1939), pp. 147-150.

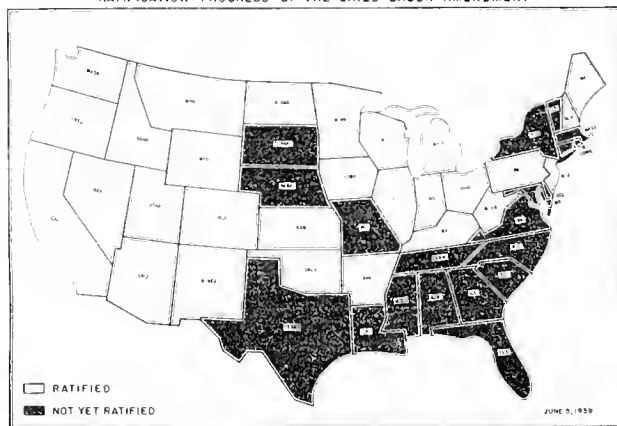
The author reports two achievements in the care of the crippled in Poland: The organization of a society for the care of the crippled and the erection of the first up-to-date establishment for the care of crippled children--the Jozef Pilsudski Sanatorium in Istebna, Silesia. This sanatorium accommodates 400 children, most of whom have tuberculosis, and combines appropriate medical care and good educational training.

# CHILD LABOR

## PRESENT STATUS OF THE CHILD-LABOR AMENDMENT

The United States Supreme Court, in opinions handed down on June 5, 1939, has cleared the way for the completion of ratification of the pending child-labor amendment. As a result of these opinions, the Kansas and Kentucky ratifications, the validity of which was before this Court, still stand, and only 8 more ratifications are needed to make up the 36 necessary for the adoption of the amendment as part of the Constitution.

RATIFICATION PROGRESS OF THE CHILD-LABOR AMENDMENT



The Court had before it two cases from the highest courts of Kansas and Kentucky, *Coleman v. Miller* from the Kansas Supreme Court and *Chandler v. Wise* from the Kentucky Court of Appeals. In both these cases it had been argued that the amendment was no longer subject to ratification for two reasons, i.e., because of the lapse of time since its submission in 1924 and because the legislature of each of these States had previously rejected it. These arguments were not sustained by the United States Supreme Court.

In the Kansas case the United States Supreme Court affirmed the decision of the Supreme Court

of Kansas, which had refused to interfere with the certification of the Kansas ratification to the United States Secretary of State, basing this affirmation on the ground that these questions are political in nature and not for court review.

As to the effect of a rejection by a State previous to ratification, the Court referred to the history of the fourteenth amendment as a historical precedent for its opinion that this is a political question. At that time it was the political branch of the Government, Congress, and not the judicial branch, the courts, that passed on the question whether the amendment had been in fact ratified, deciding that both a previous rejection and a withdrawal following ratification were ineffectual in the presence of an actual ratification.

As to the effect of lapse of time between submission of an amendment and ratification by a State, the Court held that this also is not a question for the courts but a political question which should be open for the consideration of Congress when, "in the presence of certified ratifications by three-fourths of the States, the time arrives for the promulgation of the adoption of the amendment."

The Court dismissed the Kentucky case, *Chandler v. Wise*, upon the ground that "after the Governor of Kentucky had forwarded the certification of the ratification of the amendment to the Secretary of State of the United States, there was no longer a controversy susceptible of judicial determination."

As a result of these two decisions, the Kansas and Kentucky ratifications stand, and the proposed child-labor amendment is still open for ratification by State legislatures.

## WAGE RATES FOR HAND-LABOR PROCESSES IN SUGAR-BEET PRODUCTION IN 1935, 1937, AND 1939

In the announcement of the minimum-wage rates to be paid for hand-labor processes in producing, cultivating, and harvesting the 1939 sugar-beet crop is seen the first general reversal of the

upward trend in the wage rates for sugar-beet workers which has been characteristic of the industry since 1935, when minimum wages for sugar-beet labor were first established by the Government under the

Jones-Costigan Act. The Sugar Division of the Department of Agriculture, as required by the Sugar Act of 1937, announced the minimum-wage determination. In a press release on March 30, 1939, it stated in regard to the 1939 rates that "for the United States as a whole the general level of the minimum-wage rates announced today is about 4 percent below that of 1938, practically the same as that of the minimum rates determined for 1937 after enactment of the Sugar Act, and approximately 5 percent above the general level of wages for sugar-beet laborers prevailing prior to passage of this legislation.

Whether set by Government regulation or not, wage rates between producing areas always vary, but each of the several producing areas has been found since 1935 to have, to a greater or less degree, the same trend as the United States. Two producing areas, the one located in northern Colorado and western Nebraska, and the one located in northern Wyoming and Montana, for which the rates paid in 1935 under the Jones-Costigan Act are known, may be used as examples of the general trend. In the former the rate paid in 1935 was

\$19.50 an acre on a normal 12-ton yield. Under the Sugar Act of 1937 the workers in the area earned \$21.94 per acre on this yield, an increase of 13 percent. For the 1939 crop they will receive \$21.60, a rate 1.5 percent below that of 1937. The rates for the northern Wyoming and Montana area have had greater variations. In 1935 sugar-beet workers in that area earned \$21.50 an acre on a normal 12-ton yield. In relative terms the 1937 rate was 14 percent greater than the 1935 rate, and the 1939 rate will be 5 percent less than that of 1937.

The significance of such wage rates for sugar-beet labor, in terms of family welfare, has been shown in the findings of a study of conditions among sugar-beet laborers' families made by the Children's Bureau in 1935. Average (median) annual earnings from hand work in the beet fields were found to be \$340 for a family in that year, according to information obtained from a group of 377 families of beet workers in northern Wyoming, Montana, Minnesota, and Michigan, each of which had one or more children under 16 years of age.

#### BOOK AND PERIODICAL NOTES

THE JUVENILE LABOR MARKET, by John and Sylvia Jewkes. Victor Gollancz, London. 1938. 175 pp.

In part 1 are given data on the employment, unemployment, and wages of 2,000 children who left elementary schools in five Lancashire towns in the spring of 1934. The homes of the children were visited at intervals by volunteer workers and contact was maintained with 96 percent of the children throughout the 2-year period of the survey.

The authors found that "in a number of cases the juvenile has been quite deliberately retained until the age of 16 years and then dismissed, to avoid an increase in wages. . . . But perhaps the most disturbing cases are those in which children of undoubted ability who have distinguished themselves at school are compelled to take inferior work which must dull their ambition and cramp their natural capacity." They also found that "because unemployment among juveniles is heavy, advantage is being taken of this to keep down wages."

Part 2 contains a discussion of national policy in England in regard to juvenile employment and protective legislation.

HOW FARE PHILADELPHIA PUBLIC-SCHOOL GRADUATES. Junior Employment Service of the School District of Philadelphia. Philadelphia. February 1939. Mimeographed. 22 pp. plus tables.

Follow-up studies of Philadelphia senior-high and vocational-school graduates of 1936 and vocational-school graduates of 1937 were begun in March 1938 under the direction of Junior Employment Service, which is jointly sponsored by the Philadelphia Board of Public Education and the Pennsylvania State Employment Service, affiliated with the United States Employment Service.

This report summarizes the findings for each group in regard to further schooling since graduation, employment since graduation, relation of positions held to training received, and unemployment since graduation.

# SOCIALLY HANDICAPPED CHILDREN

## RECENT RULINGS AFFECTING ENLISTMENT OF YOUTH WITH JUVENILE-COURT RECORDS

BY RUTH BLOODGOOD,  
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For some time many juvenile-court judges, probation officers, and representatives of agencies dealing with welfare problems have been interested in the policies of the United States Army and Navy affecting the enlistment of young men who have juvenile-court records. Provisions in the regulations of these branches of the service, in force until recently, barred from enlistment young men with such records regardless of the merits of the individual applicant.

The United States Children's Bureau has long been in correspondence with judges, probation officers, and representatives of national agencies interested in this situation, including the National Probation Association and the Association of Juvenile Court Judges of America. The Bureau has also participated in conferences relative to the possibility of obtaining liberalization of these rulings. Information received by the Bureau, including citations of individual cases, indicates that the observance of the earlier regulations often resulted in the rejection of young men who had made satisfactory social adjustments following juvenile-court experience.

At its annual meeting in 1934 the National Probation Association passed a resolution, which was referred to the Secretary of the Navy, protesting the ruling of the Navy Department. Following this and other protests, new instructions were issued by the Bureau of Navigation in November 1934 providing that a juvenile-court record should not be necessarily a bar to enlistment but that the application of each boy should be acted upon on its merits. A circular letter embodying this new ruling was sent to all recruiting officers. The letter, dated November 21, 1934, read as follows:

93(a) The greatest precaution shall be exercised to prevent the enlistment of men with reformatory, police-court, or prison records. The acceptance of such men does more to prejudice the general public against the Navy than any other single cause, particularly as the fact that these men are summarily discharged when their records become known does not receive general publicity.

(b) The cases of men who apply for enlistment and are found to have juvenile-court records shall be thoroughly investigated. Should a recruiting officer consider a man with such a record as desirable material for the Navy, before he is accepted for enlistment, full report with recommendation of the recruiting officer and statement of the juvenile-court judge or probation officer shall be made to the Bureau via the recruiting inspector. The Bureau will decide each of such cases on its merits.

(c) Applicants for enlistment who have been reared or trained in institutions having correctional features may be accepted for enlistment only where, in each case, thorough investigation has disclosed that the applicant was not committed therein through any fault of his own.

In January 1939 a change in the policy of the War Department in this respect became effective. This followed the rendering of an opinion by the Judge Advocate General as a result of briefs submitted by the judge of the juvenile court in Cleveland, Ohio. It was pointed out in these briefs that under the provisions of the Ohio law an adjudication in a juvenile court does not operate to impose upon the child any of the civil disabilities ordinarily imposed by a conviction and that a child is not considered a criminal because of such adjudication.

The decision of the War Department held that a record of an adjudication in a juvenile court in the State of Ohio, or in any State having similar provisions in the law, should not bar an individual from enlistment. Since some 30 States have provisions comparable to the Ohio law, the restriction on enlistment formerly in force is liberalized over a wide area.

The following letter, containing notification of the change in policy, was sent by the War Department to the commanders of all corps areas:

January 11, 1939.

Eligibility of Juvenile  
Delinquents for Enlistment.

Commanding General,

First Corps Area and all corps areas.

1. The laws of the State of Ohio provide in part as follows:

"No adjudication upon the status of any child in the jurisdiction of the court (juvenile court) shall operate to impose any of the civil disabilities ordinarily imposed by conviction, nor shall any child be deemed a criminal by reason of such adjudication, nor shall such adjudication be deemed a conviction, nor shall any child be charged with or convicted of a crime in any court, \* \* nor shall such disposition \* \* operate to disqualify a child in any future civil-service examination, appointment, or application." (Sec. 1639-30, Supp. to the General Code of Ohio, 1936, June 1938.)

2. It is held by the War Department that a record of adjudication of conduct by a juvenile court in the State of Ohio under the statute quoted above or by a juvenile court of any other State having a law similar to that quoted is not a bar to enlistment under section 1118, Revised Statutes.

3. It is desired that recruiting officers be directed to scrutinize carefully the juvenile-court record of an applicant for enlistment to determine whether he is of good character and otherwise eligible for enlistment, and to submit to

higher authority any case in which doubt arises as to the effect of a particular statute.

By order of the Secretary of War:

Adjutant General.

These liberalized policies in both branches of the service place emphasis where it seems desirable--on the selection or exclusion of individuals who have juvenile-court records according to the merits of the individual applicant. With this possibility of selection, boys who have made satisfactory social adjustment following periods of probation or boys whose earlier delinquencies were of a trivial nature need not be rejected. On the other hand, this selective process safeguards the services against an indiscriminate use of the Army or Navy as a method of treatment for juvenile delinquency. The success of the ruling will be determined largely by the cooperative efforts of judges, social workers, and the officers of the recruiting service.

#### NEWS AND READING NOTES

*"Community Coordination" makes appearance*

With the issue for January-February 1939 (vol. 7, no. 1), the *Coordinating Council Bulletin* is replaced by *Community Coordination*

as a medium for the exchange of information among the many scattered coordinating councils and for the dissemination of information regarding cooperative efforts and coordinated programs that function successfully on a community basis.

*Community Coordination* is published bimonthly by Coordinating Councils, 139 North Broadway, Los Angeles (50 cents per year).

*U. S. Children's Bureau issues a bibliography on juvenile delinquency*

From the extensive literature on juvenile delinquency the Children's Bureau has listed about 250 books and

articles in a List of References on Juvenile Delinquency. Except for a few significant publications of earlier date, the publications included have been written within the last 10 years. The bibliography, which is annotated, is classified under the headings: General articles; statistics; causative factors; the delinquent as an individual; prevention; treatment; the child offender against Federal laws. A compilation of bibliographies on

various phases of delinquency and a list of periodicals which publish pertinent articles are included. The bibliography is mimeographed and will be furnished free on request.

*Reprint on juvenile courts available*

Juvenile and Domestic-Relations Courts, by Alice Scott Nutt (4 pp.) has been reprinted from

the Social Work Year Book 1939, published by the Russell Sage Foundation. Miss Nutt's paper covers the origin and extent of the juvenile-court movement, the jurisdiction of juvenile courts, domestic-relations courts, the present status of juvenile and domestic-relations courts, and the relation of the court to the community. Single copies are available from the Children's Bureau while the supply lasts.

*National Parole Conference held*

The National Parole Conference, sponsored by the Department of Justice, was held in Washington, April 17-18, 1939.

Hon. Frank Murphy, Attorney General of the United States, was chairman of the general committee and gave the keynote address on Answering Human Resources Through Parole.

## BOOK AND PERIODICAL NOTES

NEW PATTERNS FOR OLD PROBLEMS IN CHILD CARE: Tenth Biennial Report of the Child Welfare Commission of the State of Oregon, for the Biennial Period Ending June 30, 1938. Salem, 1939. 91 pp.

The background and history of the Child Welfare Commission set up in 1919 are given in the introduction. During the biennium covered by the report far-reaching changes were made affecting the work for children as a result of the Social Security Act. The report points out these changes and defines the relationships between the work of the commission, private agencies, and the new State program; gives a summary of the work of the commission, including an interpretation of adoption procedure; and offers recommendations regarding needed legislative measures. These recommendations are for consolidation of the Child Welfare Commission with the State Relief Committee; the licensing of commercial maternity homes by the State Board of Health instead of by the commission; enactment of a State-wide boarding-home licensing law for children; amendment of adoption procedures.

CHILD CARE IN DELAWARE COUNTY, PA. Report prepared by Helen Glenn Tyson, Family and Child Welfare Division, Public Charities Association of Pennsylvania, Philadelphia. July 1938. 59 pp. 35 cents.

This is a report of a study made in 1938 by the Child Welfare Division of the Delaware County Welfare Council with the help of the Family and Child Welfare Division of the Public Charities Association. It not only presents the factual material but organizes and interprets this material and offers recommendations as to the functions of and the division of responsibility between public and private agencies for child care. Other communities making similar studies may find the report especially helpful.

A CHILDREN'S DIVISION IN A PUBLIC RELIEF AGENCY, by Benjamin Glassberg and Cornelia D. Heise. *Social Service Review*, vol. 13, no. 1 (March 1939).

Although there is still no single public child-welfare division in Milwaukee County to meet the needs of dependent and neglected children, according to the authors of this article, the establishment of a Children's Division in the Department of Outdoor Relief is a step in this direction. This Children's Division was first set up in March 1935 for the sole purpose of helping to discharge

the legal responsibility resting upon the superintendent of the Department of Outdoor Relief in his capacity of trustee for support moneys paid by fathers of children born out of wedlock. In addition, it has been possible to gather together the various aspects of work with children which was already being done in the relief department, to meet the special needs of individual children in routine relief work, in some cases to refer them to private agencies, to obtain information about children who are being considered for adoption, and to focus attention on the gaps in the public services to children.

PROBLEMS FACING CHILDREN WHO HAVE HAD A RELATIVELY LONG PERIOD OF INSTITUTIONAL CARE, by Ethel Verry. *Child Welfare League of America Bulletin*, vol. 18, no. 2 (February 1939), pp. 2-3, 6-7.

The adjustment of older children who have spent several years in an institution to community living involves certain special difficulties, says Miss Verry, executive secretary of the Chicago Orphan Asylum. First, there is the problem of economic adjustment--of getting and spending money; second, the problem of living with relatives in a family group; third, the problem of making friends and creating a satisfying social and recreational life; and fourth, the problem of marriage and parenthood. The overprotection of children, a danger in institutional care, Miss Verry points out, increases the difficulty of the adjustments to ordinary living that the child must make.

THE REHABILITATION OF CHILDREN; the theory and practice of child placement, by Edith M. H. Baylor and Elio D. Monachesi. Harper & Bros., New York. 1939. 560 pp. \$3.75.

Case-history materials are used in this textbook as the basis for an analysis of the chief factors in the welfare of foster children. The results of foster-home care are related to the child's family background and personality characteristics in a manner which the authors hope may help to indicate the effectiveness of treatment procedures when applied to various types of children. Appendixes contain brief histories of the Children's Aid Association of Boston and of the New England Home for Little Wanderers and an account of the preventive clinic of the Children's Aid Association.



# GENERAL CHILD WELFARE

## MOTHERS AND CHILDREN UNDER SOCIAL INSURANCE IN LATIN AMERICA

BY ANNA KALET SMITH,  
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Among recent developments in Latin America affecting mothers and children, social insurance deserves particular mention. The first social-insurance law of general application in Latin America was passed in Chile in 1924, 40 years after a similar law was enacted for the first time in Europe and 11 years before the Social Security Act in the United States.

The law of Chile occupies an important place in the history of social insurance in Latin America, because of its extensive scope, well-organized national system of health work, and the contribution of relatively long experience. Also--in common with other social-insurance laws of Latin America and Europe--it is compulsory for the groups included; it emphasizes prevention of illness, which, among other results, reduces the cost of insurance; and it extends the services to dependents of the insured person.

### GENERAL SOCIAL-INSURANCE LAWS

#### *Chile*<sup>1</sup>

The social-insurance law of Chile provides for insurance against the emergencies of illness, maternity, invalidity, old age, and death. The insurance is compulsory for all persons with an annual income below a specified amount who are engaged in clerical or manual work for a private employer, for the Government, or independently. Insurance is optional for other groups of the population, but only the compulsory aspects of the insurance will be discussed here.

The cost of insurance is defrayed from a fund to which the workers contribute 2 percent of their wages or salaries, the employers 5 percent of the same amount, and the Government 1½ percent. Independent workers pay 4½ or 5½ percent of their income, and the Government contributes an equal

amount. In addition, the insurance fund includes proceeds from certain taxes and fines, interest on investments, and private gifts.

1. *Administration*.--The social-insurance law of Chile is administered by the National Organization for Workers' Compulsory Insurance, which is attached to the Ministry of Health. In 1938 the national organization had 43 local branches, and the number of insured persons was 1,400,000, about one-third of the country's population.

2. *Benefits*.--Insured persons receive the following benefits:

In case of illness, medical attendance and medicines, hospital care, care in sanitariums, and weekly payments in cash are provided.

Women insured in their own right and wives of insured men receive medical attendance before, during, and after childbirth. The women insured in their own right receive also a cash benefit equal to 50 percent of their wages for 2 weeks before and 2 weeks after childbirth, and 10 percent of their wages until the child is 1 year of age.

Insured persons totally incapacitated by a chronic disease, if not compensated under the industrial-accidents law, receive cash payments varying from 50 to 100 percent of their wages. Retirement pensions are available for persons who reach the age of 55 to 65 years. A funeral benefit is paid to the family on the death of the insured person.

Insured persons who desire to extend to their families the benefits of medical attendance and medicines must pay an additional 5 percent of their wages. The employers and the Government make no contribution in these cases.

3. *General medical services*.--Since the main purpose of the insurance system is to provide medical treatment and preventive care, the National Organization for Workers' Compulsory Insurance has organized medical services throughout the country under the National Bureau of Medical Service. In each of the 15 Provinces there is a provincial medical bureau that studies and proposes measures for the correct functioning of the work. The medical bureau maintains consultation centers in

<sup>1</sup>Diario Oficial, Santiago de Chile, Sept. 26, 1924, p. 2291, and June 10, 1938, p. 1684; Previsión Social, Santiago de Chile, January-February 1938, p. 497; and Carlos Maldonado Boagiano: El Seguro Social en Chile en su Aspecto Médico Sanitario, Santiago, Caja de Seguro Obligatorio, 1938 (37 pp.).

cities and medical stations in towns and rural communities, also sanitariums, hospitals, rest homes, centers of rehabilitation, and "institutes for mother and child."

In the capitals of the Provinces the consultation centers offer medical service by specialists and are completely equipped with X-ray apparatus, electrotherapy apparatus, clinical laboratories, and ambulances. In other cities and towns the equipment is less extensive, but complete services for mother and child are available in cities of 10,000 to 15,000 population. Even in rural localities with less than 200 population there are medical stations which are visited at intervals by a physician and are equipped with simple surgical instruments and a first-aid kit.

When insured persons are unable to come to the center or station they are attended at their homes by a physician, assistant physician, midwife, or nurse.

At the centers and some of the medical stations dental treatment, except for special surgical work, is given free of charge.

Hospital care is provided for the insured persons either in public-welfare institutions under contract with the national insurance organization or in hospitals maintained by the organization.

*4. Medical services for mother and child.*--Prenatal care is given to insured women and to the wives of insured men.

During pregnancy periodic physical examinations are given, including Wassermann tests, examinations of urine and of the blood pressure, and roentgenography of the chest. Necessary treatment is provided; nurses visit the women's homes. Trained social workers investigate the social and economic conditions of expectant mothers and take measures for the solution of various problems.

At childbirth attendance is provided either in the woman's home or in a hospital. If normal labor is expected and the home conditions are satisfactory the woman is allowed to stay at home. A midwife attends her at childbirth, and the necessary medicines and other articles are provided by the insurance organization. If home conditions are not satisfactory or if there is reason to expect labor complications the woman is taken to a maternity hospital. In such cases the delivery is attended by a physician, who is required also to observe the woman during the postpartum period.

The child receives the following care:

Within 24 hours after birth a nurse and a pediatrician visit the mother and examine the child. They give instructions on the proper care of the child. The nurse must visit the child every day until the mother is able to bring him to the consultation center. When necessary, food and articles of clothing are brought by the nurse.

The mother is required to bring the child at prescribed intervals to the consultation center or medical station for examination by a pediatrician and a nurse.

Treatment is given in cases of congenital syphilis.

A tuberculin test is given to each child. If the mother or any member of the family has tuberculosis, or if proper care cannot be given in the home because of economic and social conditions, the child is placed in a foster home selected by the insurance organization, which also pays for his care and provides regular supervision by a pediatrician and a nurse.

Trained social workers visit the mothers and teach them care of the child and of the house. The visitors also render social service in cases of unemployment, illness, and other emergencies. If the mother is unmarried efforts are made to bring about the legitimation of the child. In many consultation centers the mothers are taught cooking, sewing, and the management of the family income.

Complete services for mother and child as described were in existence in 74 cities and towns of Chile in 1938. The President of the Republic in his message to Congress read in May 1938 stated that the Government had decided to establish such services throughout the country.

*5. Preventive medical care.*--The insurance system was made more effective by a law of 1938 requiring every insured person to have a general physical examination at least once a year.

In this examination a particular search is made for symptoms of tuberculosis, syphilis, and cardiovascular and occupational diseases. Treatment is given free of charge for all diseases and is compulsory for persons infected with syphilis. A complete or partial rest with pay may be prescribed for the prevention of illness. Employers pay 1 percent of their payroll into the insurance funds to meet the cost of these rest periods.

The benefits of examination and preventive treatment may be extended to the families of insured persons. Part of the insurance funds may be used for the construction of rest homes, centers of vocational reeducation, agricultural colonies, recreation centers, and vacation colonies.

For 10 years after the enactment of the law in Chile the development of social insurance in other Latin American countries was at a standstill. But about 1934, possibly as a result of disturbed economic conditions, the movement was resumed with new vigor; the new national constitutions adopted about that time in several countries proclaimed

the principle of social insurance and were followed by appropriate legislation.

#### *Ecuador<sup>2</sup>*

In 1935 Ecuador enacted a compulsory social-insurance law for clerical and manual workers in public and private service. Here, as in Chile, the workers, the employers, and the State are required to contribute to a fund from which payments are made in case of illness, permanent disability, and old age; funeral benefits also are paid. The insured persons are entitled to medical care, and the law provides for medical treatment and preventive care. It has been reported that the facilities for this work are being gradually expanded.

#### *Peru<sup>3</sup>*

In Peru a law enacted in 1936, which became operative on March 1, 1937, provides insurance against the risks of illness, maternity, permanent incapacity for work, and old age; funeral benefits also are provided. The insurance is compulsory for persons in private service whose income is less than a specified amount.

Employers are required to pay  $3\frac{1}{2}$  percent of the insured workers' wages into a national insurance fund; the workers pay  $1\frac{1}{2}$  percent, and the Government pays 1 to  $2\frac{1}{2}$  percent.

1. *Benefits.*--In Peru insured persons are entitled to the following benefits:

In case of illness insured persons receive medical attendance by a general practitioner or a specialist, medicines, hospital or sanitarium care, and from 40 to 50 percent of their wages. For an additional 1 to 2 percent of the worker's wages, medical care and medicines are provided for his wife and for his children under 14 and obstetric care also is provided for his wife.

A woman insured in her own right is entitled before, during, and after childbirth to medical attendance by a general practitioner or a specialist in her home or to hospital care, and to medicines. Her employment for 20 days before childbirth and 40 days afterward is prohibited by law; during this time, and for another 12 days if she stays away from work, she receives 50 percent of her wages. If at the end of the 72 days she is still unable to work she is paid the regular sick benefit. Her employer must keep her position for her.

<sup>2</sup>Registro Oficial, Quito, Jan. 13, 1936, p. 81.

<sup>3</sup>Informaciones Sociales, Lima (published monthly), July 1937 to February 1939.

If she nurses her child she receives from the insurance fund an amount equal to one-fourth of her wages, whether or not she returns to work. Employers are required to provide special rooms for the care of employees' infants. Maternity and nursing benefits may be withheld if the woman disobeys the physician's orders or refuses to attend the health centers.

Pensions of 40 to 60 percent of the last wages earned are paid to persons totally incapacitated by chronic illness and to persons who have reached the age of 60 years. An addition to the pension is made for each dependent.

On the death of an insured person the family receives a funeral benefit and one-third of the last annual wages.

2. *Preparations for administration of the law.*--The National Social Insurance Board was organized in Peru in 1937 with representatives of the public-health and welfare authorities, employers, and workers. A commission of physicians and persons experienced in social work was appointed to study the medical needs of the population and methods of supplying these needs. In 1938 the construction of hospitals, maternity homes, and health centers in several places was reported.

#### MATERNITY-INSURANCE LAWS

In two countries, Argentina and Cuba, maternity insurance is in operation in the absence of general social-insurance laws.

#### *Cuba<sup>4</sup>*

In Cuba maternity insurance, under a law of 1934, became operative in December 1937. This insurance is required for women between the ages of 18 and 40 doing manual or clerical work in industry, commerce, private nonprofit establishments, and Government offices. Every employed man is required to insure his wife or his common-law wife.

Employers must contribute one-half of 1 percent of the insured workers' wages or salaries to a national insurance fund; the workers pay one-fourth of 1 percent; and the Government contributes the proceeds from various fines.

1. *Provisions of the law.*--The following maternity benefits are provided in Cuba:

Every woman insured in her own right receives full wages for 6 weeks after confinement; on presenting a physician's certificate she may absent herself from work for 6 weeks before childbirth on

<sup>4</sup>Boletín Oficial del Seguro de Salud y Maternidad, Habana (published monthly), March 1938 to April 1939.

full pay. In case of the mother's death as a result of childbirth the payments are made to the person responsible for the care of the child. Insured women are entitled also to attendance during childbirth by a physician or a midwife, paid by the insurance organization. Hospital care will be provided as soon as hospitals become available.

The law provides the following safeguards:

The employer may not discharge a woman because of pregnancy or during authorized absence from work in the prenatal or postnatal periods. The employment of women is prohibited during the 6 weeks following confinement.

Public or private establishments employing 50 or more women must provide a room where the children less than 2 years of age of the women workers may remain in safety during the hours of work. This room must comply with conditions of hygiene prescribed by the National Department of Labor, and a registered nurse must be in charge. A woman nursing her child must be allowed for that purpose at least one-half hour twice a day on the employer's time.

Pregnant women may not be employed on work which is beyond their strength, which requires standing for long periods at work benches, or which may be otherwise harmful to them.

2. *Administration.*--The law on maternity insurance is administered by a Central Board on Health and Maternity under the National Department of Labor of Cuba. The board consists of 10 representatives of the employers' and workers' organizations and of the national agencies in charge of public health, welfare, and education.

The national board gives advice and information on all questions pertaining to maternity insurance and health and supervises the work of the subordinate agencies, the distribution of funds, and the organization of various medical services to be established. The administration of the law in the six Provinces is handled by boards consisting of representatives of the employers, the workers, the Department of Labor, and the medical and teaching professions. Municipal boards have been established in the larger cities. Provincial and municipal boards are functioning up to this time only in places where hospital facilities were already provided.

The national board began in January 1938 the publication of a monthly bulletin which reports on developments under the maternity-insurance law. In 1938 social service was introduced for maternity

cases in Habana. Maternity hospitals have been constructed by the board in several places. Where public hospitals are not available maternity cases are cared for in private hospitals.

The number of women attending prenatal centers is increasing gradually. The maternity-insurance board of Habana has established child-health centers where children are examined by physicians and mothers are advised on child care. Popular literature on child care is distributed.

#### *Argentina*<sup>5</sup>

In Argentina a maternity-insurance law was enacted in 1934, and regulations for its administration were issued in 1936. Insurance is compulsory for all women between 15 and 45 years of age doing manual or clerical work in public or private establishments. Every woman must pay into a special fund a day's wage once in 3 months; the employer and the Government must each pay an equal amount. The woman is entitled to free medical care before, during, and after childbirth; her employment is prohibited for a total of 2½ months; and she receives a cash benefit equal to her wages for this period.

The law requires that infants be brought regularly to the health centers. It provides for the establishment of maternity homes and homes for expectant mothers and for the appointment of inspectors to enforce the law throughout the country. Little information is available on the functioning of the law.

#### PLANS FOR SOCIAL INSURANCE IN OTHER COUNTRIES

In several other countries preparations are being made for the introduction of social-insurance systems. In Brazil, where a law of 1936 provided the framework for a comprehensive system of social insurance, a committee was appointed in 1938 to draft a bill for sickness insurance. Plans for social insurance are being made in Mexico. In Venezuela a bill was to be introduced this year. All these bills include measures for the protection of mothers and children.

<sup>5</sup>Argentina: Departamento Nacional del Trabajo, Boletín Informativo (published monthly), April-June 1936.

## BOOK AND PERIODICAL NOTES

## A. Child Guidance and Recreation

NURSERY-SCHOOL EDUCATION, by Josephine C. Foster and Marion L. Mattson. D. Appleton-Century Co., New York. 1939. 361 pp. \$2.50.

The progress made by nursery-school education since 1929, when the authors published *Nursery School Procedure*, is shown by the expansion of material on music, language, the nursery-school plant, parent education, and the nursery school and community, into separate chapters and by the relatively small attention given to arguments justifying the nursery school. After an introductory chapter, *What Is a Nursery School?* which constitutes part 1, the authors plunge directly in part 2 into a description of the physical, mental and social development of children 2, 3, and 4 years of age as it appears in the nursery school. Learning at the nursery-school age, the promotion of physical well-being, and the promotion of mental health are considered in detail from the point of view of the purpose and program of the nursery school.

In part 3 of the book is discussed the routine of the nursery-school day, including free play, habits of cleanliness, food and eating habits, rest and naps, language, books and stories, and music.

Part 4, *Planning for a Nursery School*, covers plant, play equipment, staff, program, records, and reports. Part 5 carries the discussion beyond the nursery-school walls to a consideration of parent education and of the place of the nursery school in the community.

SCHOOL CAMPS: A VALUABLE SOCIAL SERVICE TO BE EXTENDED. *Social Service Review* (London), vol. 20, no. 2 (February 1939), pp. 63-67.

Since 1935, this article states, 16 school camps with a total capacity of 4,100 children have been established in England. Eight of them are managed by the National Council of Social Services, which took the lead in developing the movement, and the others by the Y.M.C.A. or by local volunteer organizations. The cost of constructing and equipping the camps and the recurrent maintenance charges are borne by the Commissioner for the Special Areas. Although lessons are held in the morning, the policy of the camps is to give health

and recreation precedence over purely educational subjects.

The British Government has now asked Parliamentary approval, it is stated, for the expenditure of £1,000,000 for the construction of 50 camps, with the idea that they could be used, in case of war, to supplement evacuation facilities.

## B. Books for Children

ON A RAINY DAY, by Dorothy Canfield Fisher and Sarah Fisher Scott. A. S. Barnes & Co., New York. 1939. Pages not numbered. \$1.

This book was prepared by Dorothy Canfield Fisher and her daughter for the National Recreation Association and contains many full-page drawings by Jessie Gillespie.

In the course of a rainy morning, David, Elizabeth, and Jimmy run the gamut of singing, drumming, and marching games, and act out familiar rhymes and stories. In the afternoon, when it has stopped raining, they play hopscotch outdoors with some friends, and finally return to the house to play with scrapbooks and make dollhouses and furniture out of cardboard boxes. Although the story is told in narrative form, the various activities are described in a way that enables child readers to put them into practice.

A TRIP TO THE NEW YORK WORLD'S FAIR WITH BOBBY AND BETTY, by Grover Whalen, as told to Elsie-Jean. Dodge Publishing Co., 116 East Sixteenth St., New York, 1938. 96 pp. \$2.

The president of the New York World's Fair takes Bobby and Betty on an imagined trip through the New York World's Fair in this book. The illustrations include pictures of the Perisphere and Trylon, the World of Health, Hall of Communications, New York City Building, Consumers' Building, Town of Tomorrow, Lagoon of Nations, Aviation Building, Children's World, and many other features visited by Bobby and Betty.

JOHNNY'S SO LONG AT THE FAIR. Select Printing Co., New York. 1938. 16 pp.

Glimpses (in color) of Johnny "swinging it," "lapping up vitamins" at the milk bar, getting chummy with a clown, relaxing in a lawn chair, learning how children in other countries play,

and visiting the "dog house" give some idea of the resources of entertainment and education offered by the Children's World at the New York World's Fair.

TEACHING THE NEW YORK WORLD'S FAIR. New York World's Fair 1939, Inc. 4 pp. each.

Four leaflets prepared by a member of the teaching staff of the New York Public Schools under the joint direction of the New York Board of Education and the New York World's Fair 1939, Inc., describe the educational, historic, and architectural aspects of the New York World's Fair and the community-interests zone.

### C. The Community Survey

YOUR COMMUNITY: its provision for health, education, safety, and welfare, by Joanna C. Colcord. Russell Sage Foundation, New York. 1939. 249 pp. 85 cents.

In view of the far-reaching changes during the past decade in the field of community organization for health, education, safety, and welfare, as well as in methods of making community surveys, the Russell Sage Foundation offers this comprehensive volume to replace Margaret F. Byington's pamphlet, *What Social Workers Should Know About Their Own Communities*, last revised in 1929. Miss Colcord's book is addressed to the larger public rather than to social workers and is designed for the use of study groups, classes in civics, and students at schools of social work. The text and arrangement of material are new, but the device of listing questions to be answered has been borrowed from the earlier pamphlet.

The chapters on health, recreation, education, the family, provision for the physically and mentally handicapped, and public assistance all bear some relation to care of children who are

able to live in normal family homes or with relatives. Provisions under the Social Security Act for maternal and child-health services are discussed under health services (pp. 100-102), and services for crippled children under provision for the handicapped (pp. 127-129) from the point of view of local needs, facilities, and resources.

A separate chapter on Special Provisions for Child Care covers agencies, public or private, State or local, which serve children whose home conditions are abnormal or who present problems requiring special care. This chapter includes some discussion of child-welfare services under the Social Security Act, provisions for the legal protection of children, the juvenile court, protective organizations, facilities for foster-family care, day-nursery care, and institutional care. Under institutional care are included institutions for dependent or neglected children, summer camps, and institutions for delinquent children.

The last chapter is on agencies for community planning and coordination and includes sources of public information such as the newspaper and radio. For convenience in use as a reference book there are a list of public and private agencies, a list of references, and a subject index.

HOW TO MAKE A COMMUNITY YOUTH SURVEY, by M. M. Chambers and Howard M. Bell. American Council on Education Studies, Series IV--American Youth Commission, vol. 3, no. 2, Washington, January 1939. 45 pp.

Essential steps in initiating, planning, and executing a community study of the status and needs of young persons are covered in this pamphlet. The point of view of the authors is that "comparison of jobs available, on the one hand, with the youthful applicants and the jobs they want, on the other, is very likely to stimulate much realistic thinking by all concerned."

The Children's Bureau *does not* distribute the publications to which reference is made in *THE CHILD* except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

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Mrs. Ruth Deets, director of the Division of Child Welfare, South Dakota State Department of Social Security, died on May 26, 1939. Mrs. Deets, after receiving her master's degree from Columbia University and having 2 years of experience in settlement work in New York, went to South Dakota, where she was employed as State field worker for the Federal Emergency Relief Administration. In February 1936 she became technical assistant to the executive secretary of the State Child Welfare Commission. Soon after this the Division of Child Welfare of the State Department of Social Security was established and Mrs. Deets was chosen as its director. After her appointment Mrs. Deets was tireless in developing services and resources for meeting the needs of underprivileged children in the State. Her loss to the State is very great. However, the sound foundation she built and the ideals she established for child-welfare work will remain as an inspiration to workers who will carry on the program.

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Notice of the sudden death on May 28, 1939, of Martha A. Bonham, supervisor of child-welfare services in South Carolina, has been received in the Children's Bureau with sorrow. Miss Bonham returned to South Carolina after receiving a diploma from the National Catholic School of Social

Service and a master's degree from the Catholic University of America and spending several years in family and child-welfare work with the Catholic Charities of Toledo, Ohio, and Washington, D. C., and in the New York Foundling Hospital. In 1936 she joined the staff of the South Carolina Temporary State Department of Public Welfare and a year later became chief of the Division of Child Welfare in the new permanent department, acting as supervisor of both aid to dependent children and child-welfare services.

Miss Bonham's love for children, her deep loyalty to her own State, and her devotion to high standards of social work made her eager to have South Carolina provide skilled services to children on a State-wide basis. She had a wide influence in the extension of child-welfare services and of understanding of the need for them. Her loss is a very real one, difficult to measure, but her work should serve as a challenge to those who will continue the child-welfare program.

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The death of Grace Abbott, former Chief of the Children's Bureau, occurred in Chicago on June 19, 1939. An early number of *The Child* will take the form of a special issue in honor of Miss Abbott.

## THE CHILDREN'S FRIENDS

In the midst of the general rejoicing over victory of the child-labor amendment in the United States Supreme Court, we wish to congratulate the hundreds of men and women of high and lowly estate who have been working for this cause so long.

Theirs has been the courage, patience, and faith to keep going despite opposition and--what is so often harder to take--apparent public indifference.

Among this gallant band none deserves more praise than Miss Grace Abbott, a leader in this

movement for many years. As head of the United States Children's Bureau for 13 years, and since 1934 professor of public-welfare administration at the University of Chicago, Miss Abbott has been a great public servant.

To those interested in the continuing problems of child protection and development, we commend her brilliantly constructive new book, "The Child and the State."

--Washington (D. C.)

June :

## CONFERENCE CALENDAR

July 2-6	National Education Association. Seventy-seventh annual convention, San Francisco.		East Forty-fourth St., New York. Subject: Financial and service statistics of health and social-work agencies.
July 7-9	Conference on Educational Frontiers. School of Education, Stanford University, Calif.	Aug. 6-11	World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro.
July 7-27	Fourteenth Seminar in Mexico. Committee on Cultural Relations With Latin America, 156 Fifth Ave., New York. Seminar sessions will be held in Cuernavaca, Puebla, and Mexico City.	Aug. 14-18	National Medical Association. New York.
July 8-15	International Federation for Housing and Town Planning. Stockholm, Sweden.	Aug. 27-31	American Dietetic Association. Annual meeting, Los Angeles.
July 10-14	American Association of Workers for the Blind. Eighteenth biennial convention, Hotel Biltmore, Los Angeles.	Aug. 30-Sept. 2	American Country Life Association. Pennsylvania State College, Pa.
July 16-22	Fourth World Congress of Workers for the Crippled, Bedford College, London.	Sept. 11-15	American Congress on Obstetrics and Gynecology. Sponsored by American Committee on Maternal Welfare. Cleveland. Fred L. Adair, M.D., Chairman.
July 17-21	American Dental Association. Annual meeting, Milwaukee.	Oct. 9-13	National Recreation Association. Twenty-fourth national recreation congress, Boston.
July 24-28	Blue Ridge Institute for Southern Social Work Executives. Twelfth session, Blue Ridge, N. C. Sponsored by Community Chests and Councils, 155	Oct. 17-20	American Public Health Association. Sixty-eighth annual meeting, Pittsburgh.
		Oct. 23-29	Better Parenthood Week. Sponsored by <i>Parents' Magazine</i> , 9 East Fortieth St., New York.

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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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## UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.



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# Social Statistics

Supplement Number 4, June 1939

to

THE CHILD—Monthly News Summary

Volume 3, Number 12



Published by the  
**CHILDREN'S BUREAU**  
U. S. DEPARTMENT OF LABOR  
WASHINGTON, D. C.

# SOCIAL - STATISTICS SUPPLEMENT

Number 4

June 1939

TO

THE CHILD—MONTHLY NEWS SUMMARY

VOLUME 3, NUMBER 12

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

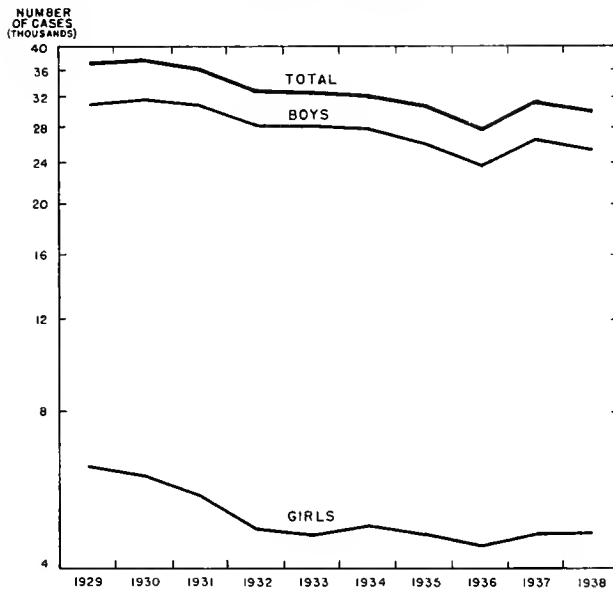
FRANCES PERKINS

SECRETARY

## JUVENILE-DELINQUENCY STATISTICS, 1938, As Reported by 28 Juvenile Courts

During 1938 there was a decrease of 3 percent in the number of juvenile-delinquency cases disposed of by 28 courts<sup>1</sup> that have reported to the Children's Bureau each year since 1929 (see chart 1). The number of cases in 1938 was 29,971 compared with 31,038 in 1937.<sup>2</sup>

CHART 1—NUMBER OF BOYS' AND GIRLS DELINQUENCY CASES DISPOSED OF BY 28 COURTS, 1929-38



A review of the trend in delinquency cases dealt with by juvenile courts during the past 10

<sup>1</sup>These 28 courts each serve an area of 100,000 or more population; they are located in 17 States and the District of Columbia and are scattered widely over the United States. The population of the combined area according to the 1930 census was 18,163,043—approximately 15 percent of the total population of the United States.

<sup>2</sup>It is probable that a decrease in delinquency cases disposed of in 1938 will be shown in the total reporting area. In the area served by 299 courts in 27 States and the District of Columbia, for which data are now available, the number of delinquency cases decreased 9 percent, from 65,779 in 1937 to 60,065 in 1938. In 1937, cases from these 299 courts constituted 78 percent of the cases in the area for which data will be available for both 1937 and 1938.

years reveals a slight increase from 1929 to 1930, and decreases each year from 1930 to 1936 with a sharp drop occurring in 1936. In 1937 there was a break in the 6-year downward trend, and the number of cases increased 11 percent over 1936. The downward trend appears to have been resumed in 1938. Although the number of cases in 1938 was still 8 percent greater than in 1936, it was less than the total reported for any other year of the 10-year period.

In interpreting the significance of these changes from year to year in the number of delinquency cases disposed of by the courts, it should be borne in mind that variations may result either from a change in the proportion of the total amount of delinquency coming before the courts or from an actual change in juvenile delinquency in the area. It is definitely known that not all the children who might be classified as delinquents in the communities come to the attention of the courts. It is also known that the number of children brought before the courts is influenced considerably by factors such as changes in the policies of courts in accepting complaints, changes in the courts in the manner of handling cases, changes in the policies of police departments and other agencies in referring cases to the courts, and changes in the relationships of the courts to other agencies in the communities. These numerous factors operate to a varying extent in the different courts and thus affect the number of delinquency cases reported from year to year.

In all but 10 of the 28 courts fewer delinquency cases were disposed of in 1938 than in 1937 (table 1, page 4). In 3 of these courts the decrease amounted to less than 10 percent; in 8 courts, including Philadelphia, one of the largest of the 28 courts, the decrease was between 10 and 20 percent; in 5 courts, between 21 and 30 percent; 1 court (Hudson County, N. J.) reported a decrease

Tables 1.--Number of delinquency cases disposed of by 28 courts that served specified areas: 1929-38

Area served by court	Delinquency cases									
	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Total cases.....	36,902	37,570	36,221	32,955	32,723	32,179	30,554	27,849	31,038	29,971
Ala., Mobile Co.....	219	177	160	140	165	222	193	136	125	95
Calif., San Diego Co...	1,656	1,640	1,617	1,385	1,327	1,415	1,694	1,547	1,758	2,045
Conn., Bridgeport (city)	461	470	445	511	387	589	362	311	324	237
District of Columbia....	1,947	1,893	1,927	1,799	1,646	1,705	1,836	1,474	1,431	1,867
Indiana:										
Lake Co.....	242	477	350	266	290	343	380	288	235	244
Marion Co.....	985	818	617	785	835	951	1,118	1,035	1,082	617
Iowa, Polk Co.....	747	610	457	502	605	714	391	330	674	566
La., Caddo Parish.....	275	291	338	304	343	415	357	296	349	281
Mich., Kent Co.....	431	520	507	549	470	403	444	476	521	442
Minn., Hennepin Co.....	1,097	1,053	1,203	940	940	1,089	1,128	1,048	1,256	1,232
N. J., Hudson Co.....	1,846	1,974	1,696	1,025	876	868	649	464	533	321
New York:										
Erie Co.....	1,135	1,306	1,399	715	591	1,181	1,008	798	985	807
Monroe Co.....	233	170	224	167	171	189	236	161	198	149
New York (city).....	7,956	7,867	7,299	7,366	7,727	6,292	6,070	5,127	4,758	4,850
Rensselaer Co.....	318	414	243	190	134	195	177	221	207	233
Westchester Co.....	888	597	397	382	397	408	358	337	351	252
Ohio:										
Franklin Co. <sup>a</sup> .....	473	542	575	470	420	436	491	413	625	591
Hamilton Co.....	2,034	2,072	2,550	2,418	2,298	2,044	2,360	2,531	3,160	3,321
Mahoning Co.....	2,021	2,151	1,979	2,110	1,892	1,887	1,206	1,525	1,969	1,650
Montgomery Co.....	752	598	578	493	454	429	558	833	1,018	1,112
Oreg., Multnomah Co.....	902	1,172	1,247	839	993	1,101	969	1,068	672	832
Pennsylvania:										
Allegheny Co.....	1,290	1,128	853	794	738	881	796	900	1,312	1,493
Montgomery Co.....	55	96	74	76	80	77	53	92	103	99
Philadelphia (city and county).....	6,955	7,517	7,390	6,711	6,787	6,461	5,735	4,688	5,332	4,507
S. C., Greenville Co....	126	106	91	80	107	104	198	149	219	191
Utah, Third District....	871	972	1,149	943	1,093	917	964	846	1,073	997
Va., Norfolk (city)....	852	774	728	869	861	696	728	636	622	833
Wash., Pierce Co. <sup>a</sup> .....	135	165	128	126	105	167	95	119	146	107

<sup>a</sup> Includes only official cases because court did not report unofficial cases every year.

of 40 percent, and in 1 court (Marion County, Ind.) the decrease amounted to 44 percent. In Hudson County (Jersey City) there has been a general downward trend in cases referred to the juvenile courts since 1931, when the Special Service Bureau of the Board of Education was established. In Marion County (Indianapolis) the contributing factor in the substantial decrease was the establishment in March 1938 of a crime-prevention bureau within the Police Department to deal with children coming to the attention of the police. Thus many cases that were formerly referred to the juvenile court are now handled by the crime-prevention bureau.

#### Sex of Children

Table 2 shows the number of boys' and girls' cases disposed of by the 28 courts in each year of the 10-year period, 1929 to 1938.

Table 2.--Number of boys' and girls' delinquency cases disposed of by 28 courts, 1929-38

Year	Delinquency cases		
	Total	Boys	Girls
1929.....	36,902	30,625	6,277
1930.....	37,570	31,480	6,090
1931.....	36,221	30,664	5,557
1932.....	32,955	28,106	4,849
1933.....	32,723	28,127	4,596
1934.....	32,179	27,296	4,883
1935.....	30,554	25,905	4,649
1936.....	27,849	23,527	4,322
1937.....	31,038	26,403	4,635
1938.....	29,971	25,317	4,654

Boys' cases accounted for 84 percent of the total number of delinquency cases dealt with during 1938. The distribution between the sexes was practically the same as it had been in each year since 1929.

#### Race of Children

Of the 29,971 delinquency cases disposed of by these courts in 1938 white children were involved in 74 percent, Negro children in 26 percent, and children of other races, in less than 1

Table 3.--Race of children in delinquency cases disposed of by 28 courts, 1929-38

Year	Delinquency cases				Race not reported
	Total	White	Negro	Other	
1929.....	36,902	29,489	6,257	27	1,129
1930.....	37,570	30,713	6,798	52	7
1931.....	36,221	29,244	6,925	36	16
1932.....	32,955	26,185	6,727	41	2
1933.....	32,723	25,644	7,046	33	.....
1934.....	32,179	24,717	7,416	46	.....
1935.....	30,554	22,445	8,078	31	.....
1936.....	27,849	20,563	7,240	46	.....
1937.....	31,038	22,675	8,315	48	.....
1938.....	29,971	21,991	7,854	65	61

percent. This racial distribution showed only a slight variation from the distribution noted in previous years (see table 3).

#### Age of Children

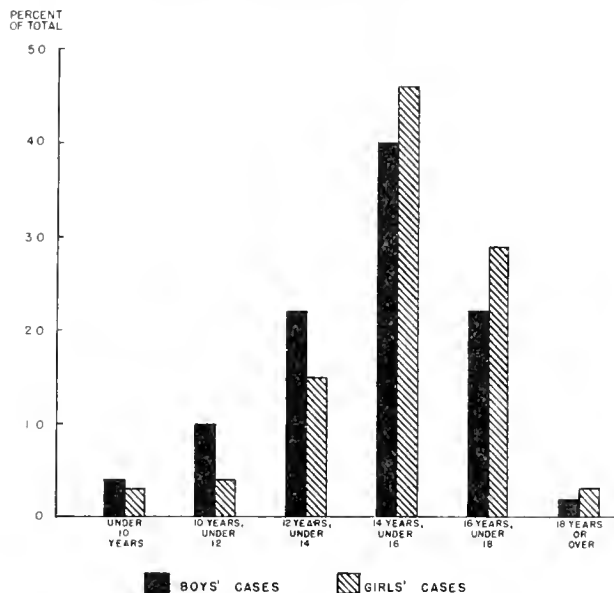
The largest proportion of both boys' and girls' cases dealt with by the courts was in the age group that included the 14- and 15-year-old children (see table 4). However, the age distribution

Table 4.--Age of boys and girls when referred to court in delinquency cases disposed of by 28 courts in 1938

Age	Delinquency cases					
	Number			Percent distribution		
	Total	Boys	Girls	Total	Boys	Girls
Total cases	29,971	25,317	4,654	.....	.....	.....
Age reported	29,783	25,162	4,621	100	100	100
Under 10 years....	1,152	1,025	127	4	4	3
10 years, under 12.	2,556	2,354	202	9	10	4
12 years, under 14.	6,236	5,533	703	21	22	15
14 years, under 16.	12,275	10,135	2,140	41	40	46
16 years, under 18.	6,859	5,540	1,319	23	22	29
18 years and over.	705	575	130	2	2	3
Age not reported.....	188	155	33	.....	.....	.....

showed considerable differences between boys' and girls' cases, the girls being older on the average than the boys (chart 2). The median age for girls

CHART 2.—AGE DISTRIBUTION OF BOYS AND GIRLS IN DELINQUENCY CASES DISPOSED OF BY 28 COURTS IN 1938



was 15.2 years compared with the median age of 14.7 years for boys. In interpreting the age distribution of cases handled by the courts, it should be remembered that this distribution is affected considerably by the maximum age for juvenile-court jurisdiction. Of the 28 courts, 14 had jurisdiction

over children up to 16 years of age (the two reporting courts in Indiana had jurisdiction over boys up to 16 years, girls up to 18); 2, up to 17 years; 11, up to 18 years; and 1, up to 21 years. Among the courts authorized to deal with children over 16 years of age, cases of children of these ages constituted by far the greatest proportion of cases. Thus it is undoubtedly true that the concentration of cases in the age group including the 14- and 15-year-old children is the result of the influence of cases from courts having jurisdiction over children only to the age of 16.

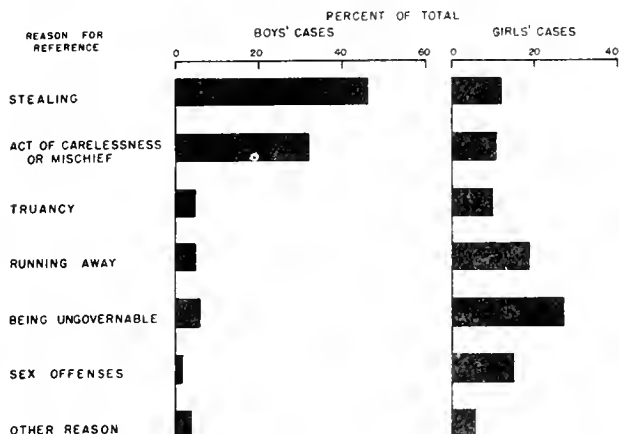
#### Reason for Reference

In 1938, as in each year since 1929, stealing and acts of carelessness or mischief were the principal reasons for which boys were brought before the courts, and running away, being ungovernable, and sex offenses were the most frequent offenses for girls (see table 5). Among boys' cases disposed of by the 28 courts in 1938, slightly less than one-half were referred for some type of stealing and approximately one-third for the commission of acts of carelessness or mischief. Among the girls' cases, those referred for running away, being ungovernable, and for sex offenses constituted 60 percent of all girls' cases handled by the courts (chart 3).

Table 5.—Reason for reference to court in boys' and girls' delinquency cases disposed of by 28 courts in 1938

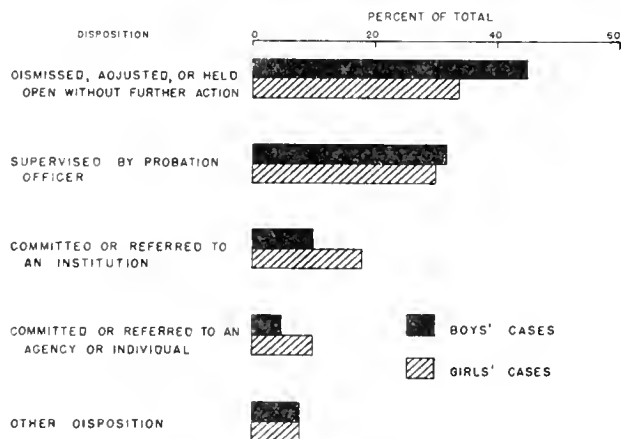
Reason for reference	Delinquency cases					
	Number			Percent distribution		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	29,971	25,317	4,654	.....	.....	.....
Reason for reference reported.....	29,644	25,137	4,507	100	100	100
Stealing.....	12,203	11,676	527	41	46	12
Act of carelessness or mischief and traffic violation.....	8,660	8,141	519	29	32	11
Truancy.....	1,597	1,121	476	5	5	10
Running away.....	2,070	1,223	847	7	5	19
Being ungovernable.....	2,583	1,376	1,207	9	6	27
Sex offense.....	1,230	572	658	4	2	15
Injury to person.....	741	603	138	3	2	3
Other.....	560	425	135	2	2	3
Reason for reference not reported.....	327	180	147	.....	.....	.....

CHART 3- REASON FOR REFERENCE TO COURT IN BOYS' AND GIRLS' DELINQUENCY CASES DISPOSED OF BY 28 COURTS IN 1938



made of boys' and girls' cases. Cases dismissed, adjusted, or held open without further action were more frequent in boys' cases than in girls' cases, whereas commitments or referrals to institutions or agencies were more frequent in girls' cases (chart 4). The differences in disposition of boys' and of girls' cases may be explained in part by the differences in the age distribution of boys and of girls and in the types of offenses for which they are brought into court.

CHART 4- DISPOSITION OF BOYS' AND GIRLS' DELINQUENCY CASES DEALT WITH BY 28 COURTS IN 1938



### Disposition of Cases

Table 6 gives information concerning the types of disposition made in the delinquency cases disposed of by the 28 courts during 1938. The disposition most frequently made in both boys' and girls' cases was "dismissed, adjusted, or held open without further action" with 45 percent of the boys' cases and 34 percent of the girls' cases disposed of in this manner. Considerable differences are noted, however, in the types of disposition

Table 6.--Disposition of boys' and girls' delinquency cases disposed of by 28 courts in 1938

Disposition	Delinquency cases					
	Number			Percent distribution		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	29,971	25,317	4,654	.....	.....	.....
Disposition reported.....	29,889	25,255	4,634	100	100	100
Dismissed, adjusted, or held open without further action.....	13,002	11,417	1,585	44	45	34
Supervised by probation officer.....	9,552	8,150	1,402	32	32	30
Committed or referred to an institution..	3,347	2,533	814	11	10	18
Committed or referred to an agency or individual.....	1,641	1,179	462	5	5	10
Fine or costs ordered.....	307	289	18	1	1	(a)
Other disposition.....	2,040	1,687	353	7	7	8
Disposition not reported.....	82	62	20	.....	.....	.....

<sup>a</sup> Less than 0.5 percent.

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